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ABSTRACT

The publication is intended to help those wishing to establish educational programs for handicapped preschoolers. Nine topic areas are addressed: (1) assessing local service needs; (2) identifying available funding sources; (3) choosing a program site; (4) locating and accessing referral services (suggested strategies for generating referrals); (5) conducting screening and assessment to determine program eligibility (available screening instruments); (6) developing an Individualized Education Program (IEP) (present levels of performance, annual goals, short-term objectives, IEP reviews); (7) designing the program (program models, staffing, scheduling considerations, curriculum development and implementation); (8) establishing effective home-school partnerships; and (9) considering additional factors (health and safety requirements, transportation arrangements, confidentiality of records, staff development). Among six appendixes are a list of screening and assessment instruments. (CL)

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DESIGNING AND IMPLEMENTING A PROGRAM FOR CHILDREN WITH HANDICAPPING CONDITIONS

BIRTH TO FIVE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE FOR EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS
ALBANY, NEW YORK 12234

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September 1985

TO: Agencies, Organizations and Individuals Concerned with Preschool Education of Children with Handicapping Conditions

FROM: Lawrence C. Gloeckler, Assistant Commissioner

SUBJECT: *Designing and Implementing a Program for Children with Handicapping Conditions Birth to Five*

This publication has been developed to assist those wishing to establish educational programs for preschool-age children with handicapping conditions. There is a substantial body of research that suggests that early intervention is very beneficial in improving the eventual levels of achievement for such children. Many professionals have contacted the State Education Department for information on establishing a program. This comprehensive resource guide will assist in the planning and development of quality special education programs.

Additional copies are available from:

New York State Eduation Department
Office for Education of Children with
Handicapping Conditions
Division of Progam Development
Room 1071, Education Building
Albany, New York 12234
ATTN: Designing a Program

DESIGNING AND IMPLEMENTING A PROGRAM FOR CHILDREN WITH HANDICAPPING CONDITIONS BIRTH TO FIVE

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
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Introduction

Local education agencies in New York State are not currently mandated to provide special education services for handicapped pupils below five years of age. However, since delivery of services is permissible and funding sources are available, there is a multitude of service options for handicapped children below the age of five. Program models vary greatly, depending upon the needs of children residing in the region and the availability of resources in that location.

This publication has been developed for professionals who wish to establish new educational programs for handicapped children below the age of five. Since designing a comprehensive special education program for handicapped infants and preschool children requires careful planning, this manual focuses on program aspects which need to be considered when operating a quality special education program for such children and their families. It was prepared in response to the many requests that the New York State Education Department has received from professionals seeking guidelines for developing a preschool program for children with special needs. An extensive review of guidelines and materials from other states was conducted in order to compile a comprehensive resource guide to assist in the development and implementation of local special education programs for handicapped children below the age of five.

Currently in New York State, there is a multitude of available special education and habilitative services for young handicapped children. Yet State and local surveys have found that gaps and duplications exist in the service delivery system. Careful and comprehensive planning continues to be needed to ensure that quality programs which meet the needs of young handicapped children are available in all parts of the State. This may involve assessing the availability of current services, coordinating activities with existing service providers and designing new programs to accommodate unmet regional needs.

It is important to note that many handicapped children who attend special preschool programs below age five, are able to attend regular classes when they reach school age. The provision of special education at the earliest possible time in a child's development can help a child with a handicapping condition attain the necessary skills to benefit from instruction within the regular education program during later years. This can help ensure that all children have equal access to regular educational programs.

We hope that this publication will facilitate the implementation of quality special education programs for young handicapped children by alerting professionals to the many aspects of program planning and operation that warrant careful consideration. For further information regarding special education services for young handicapped children, please contact:

New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071, Education Building
Albany, New York 12234
(518) 474-5804

Assessing Local Service Needs

One of the first considerations in program planning is the assessment of available local services for young handicapped children. The information obtained from a survey of local service options can assist in identifying whether there is a need for additional services. A clear understanding of the regional service delivery system will help in deciding where to locate a program, what age group and handicapping conditions to consider for enrollment, and which educational and habilitative services to provide.

The first step in developing a service needs assessment could include gathering information about programs and agencies that already serve young children with handicapping conditions. This may be accomplished by contacting:

- Local school districts
- Boards of Cooperative Educational Services
- Head Start programs
- Day care service providers
- Nursery school programs
- Public and private early intervention programs

Further information may be obtained from parent organizations, local health clinics, county or city Departments of Social Services, Mental Health, Public Health, and other community agencies. The yellow pages in the telephone book may be an additional resource to investigate.

The Early Childhood Direction Centers (see Appendix A), and Special Education Training and Resource Centers (see Appendix B) in the region can also provide you with information. Direction Centers, which are funded and

administered by the State Education Department, provide assistance to parents and professionals in matching the needs of young children with handicapping conditions to local services. The Center which serves your region will have a file of available services for parents to consider. The Office for Education of Children with Handicapping Conditions also administers and supports a network of 54 Special Education Training and Resource Centers (SETRC). Each SETRC conducts training programs and provides information and resources to parents, teachers and administrators pertaining to the needs and education of children with handicapping conditions.

After making initial inquiries regarding local service options and determining that more comprehensive information is needed, the development of a needs assessment should be considered. This could be conducted in a variety of ways and result in the collection of some valuable information regarding the local service delivery system. Preparation of a letter which requests information, dissemination of a survey, and telephone interviews or meetings to discuss your intentions are all viable alternatives. This will allow information to be gathered pertaining to current services as well as perceived gaps and duplications in the local service delivery system. It may also be helpful to provide each agency with an explanation of why the information is being collected. Keep in mind that initial contacts with local professionals may provide the framework for promoting interagency cooperation. Assuring agencies of the intent to work collaboratively, by complementing rather than duplicating existing services, will help establish a cooperative atmosphere.

When contacting current service providers, a number of questions could be asked, such as:

- What criteria is used for acceptance? (e.g., age range, type of handicapping condition, severity of disability, etc.)
- How many children are enrolled?
- Is program enrollment at capacity?
- What type of services are provided?
- Are nonhandicapped children served?
- From where are referrals generated?
- How is the program funded?
- What local gaps or duplications in services exist, from your perspective?

After communicating with local service providers, sufficient information should have been gathered to determine whether there is an actual need for additional services in the region and, if so, for what population and for what type of services.

Identifying Available Funding Sources

Funding is a crucial issue in the initial planning stages of program development. The provider must ascertain what monies are available to support the start-up costs and continued implementation of the program. Possible funding sources include Federal, State and county agencies, private foundations, community service groups or fund raising. Many agencies receive monies from multiple funding sources.

It is important to become familiar with all funding options and any laws and regulations regarding qualifications for aid. For example, grant or legislative programs may have very specific program criteria which must be met in order to receive funding. It may also be advantageous to contact current service providers, as local professionals who are familiar with the current service delivery system may be able to provide valuable information regarding ways to access available funding sources.

The following questions might be considered:

- Should a partnership be formed?
- Should the program be incorporated and, if so, how is that accomplished?
- Will a small business loan be needed?
- What are the advantages and disadvantages of filing for not-for-profit or profit status?
- What overhead costs should be considered?
- What type of insurance will be required?
- Are all proposed budgetary items reimburseable through the funding sources available?
- How should salary and fringe benefit levels be determined?

The Early Childhood Direction Center in your region may also be able to provide assistance in identifying and accessing possible funding options. Careful planning and budgeting will be important for ensuring that the program has sufficient funds to operate.

Choosing a Program Site

When considering the location of a program, it will be helpful to review the information collected relating to the regional service needs for handicapped children, birth to age five. By determining whether a specific region or population was identified as being in need of services, a preferred vicinity for locating a program site may be identified. In addition, consideration should be given to the advantages and disadvantages of urban, suburban and rural settings. Local zoning ordinances or an existing facility's accessibility to the handicapped may also influence selection of a site. It may also be worthwhile to consider the proximity of community resources by asking questions such as:

- Are hospital or medical services nearby?
- Will students have the opportunity to learn via field trips and visitors to the classroom?
- Is public/private transportation available for children, parents and staff?
- Will there be an opportunity to interact with other children?
- Will this site be the least restrictive environment for the children enrolled?

Availability of program site options may vary depending upon the region. It may be possible to rent space in a facility which has been designed to house young children. Locating space which already has child-sized fixtures to accommodate the population that will be served would be desirable and limit the time and expense needed for making building modifications. Such rooms might be available for rent in public or private schools, day care centers, nursery programs, Head Start facilities or churches. Suitable space may be available at universities or colleges, nursing homes or senior citizen centers, office buildings, hospitals, and recreation centers. Constructing a new facility or conducting a major renovation project, if needed, could also be considered within the limits of available funding.

It will be important to anticipate how much space the program will need. This will depend upon the number of children to be served, equipment needs, the types of therapies to be provided, if any, and the planned level of parent involvement. Additional classroom space, therapy rooms, conference rooms, kitchen facilities, adult bathrooms and observation areas may be needed. The checklist included in Appendix C may be a helpful tool for determining whether a site will be suitable for the needs of children, parents and staff.

It will be necessary to contact the appropriate State and local agencies and other program funding sources to identify any space or facility requirements that will need to be considered. This may involve contacts with the local Family Court, the State Education Department, and the State and local Departments of Health and Social Services. Local ordinances, building, safety and fire codes should also be researched to assure that proper fire exits, safety glass, appropriate square footage per child and other building requirements will be met.

Locating and Accessing Referral Services

Once a service needs assessment has been conducted, funding sources identified, and a program site located, referral of children will need to begin. Facilitating the referral process will be multifaceted and should involve contacts with local service providers in the medical and educational communities. It may be useful to compile a comprehensive list of possible referral sources. The list will include many of the agencies which were contacted as part of the needs assessment, including the Early Childhood Direction Center, local preschool agencies, school districts, health clinics, hospitals, physicians, diagnostic agencies, community action groups, and parent organizations.

The manner in which information about the new program is presented and disseminated will be crucial to establishing an effective referral system. To assure that children are appropriately referred for possible placement, local agencies, professionals and organizations will need to have sufficient information about the program. This should include the ages and handicapping conditions of children to be served, location, staffing levels, hours of service, funding sources and program objectives and philosophy. Use of the media to inform localities of the services of the new program may also be considered as part of an awareness campaign.

Possible Referral Sources

Physicians and Other Health Professionals. Medical personnel play an important and unique role in a child's early years of development and may be the first to suspect that a child has a handicapping condition. When health-

related professionals are aware of available educational and habilitative services, they are more likely to refer children with diagnosed or suspected handicaps to local infant and preschool programs. The following is a list of professionals to consider contacting:

- Family practitioners
- Pediatricians
- Obstetricians
- Orthopedists
- Pediatric periodontists
- Cardiologists
- Neonatologists
- Geneticists
- Pediatric nurses
- Public health nurses
- Pediatric nurse practitioners

Medical Facilities. The following medical or health care facilities may also prove to be valuable referral sources:

- Public health clinics
- Genetic counseling programs
- Hospital neonatal follow-up clinics
- Hospital pediatric clinics
- Hospital follow-up and evaluation clinics
- Hospital rehabilitation or other specialty clinics

Service Providers. Agencies which provide educational, day care or diagnostic services to children are potential referral sources. These include programs and projects which serve both children of preschool and school age, who do, and do not, have handicapping conditions. Service providers which could be contacted include:

- Boards of Cooperative Educational Services (BOCES)
- Day care providers
- Nursery school programs
- Early intervention programs
- Head Start grantees
- Private preschool programs
- College and university programs
- Diagnostic facilities
- School districts

Early Childhood Direction Centers. As previously noted, these local projects are designed to assist parents and professionals in matching the individual needs of young children with handicapping conditions to services in their region. Direction Centers provide information relating to various aspects of children's needs, including evaluation and assessment services; preschool and parent programs; parent support groups; funding options and transportation, medical, educational and social services. Each center maintains a file of available programs within its region so that all service options can be presented to parents and professionals who contact the center for assistance. It will be advantageous to contact the Direction Center in your area (see Appendix A) so that Center staff can become familiar with your program and can begin to share information about the services offered to parents and other professionals.

It is important to note that the Early Childhood Direction Centers also work cooperatively with hospital clinics and Regional Perinatal Centers which provide intensive medical treatment to sick infants. Many Direction Centers have referral systems in place so that as soon as a child is identified by hospital staff as having a handicapping condition and in need of services, coordination takes place to ensure that subsequent linkages to services occur. Providing the Direction Center with program information will allow staff to offer your program as an option to parents.

Suggested Strategies for Generating Referrals

Written Communication. A letter of introduction to professionals in the educational, habilitative and medical communities can be an effective way to disseminate information about the program. An initial contact in writing can also lay the groundwork for subsequent personal contacts. Making a follow-up telephone call may present an opportunity to schedule an appointment to further explain program components.

Personal Contacts. Conducting meetings with local professionals to present an overview of the program provides comprehensive information about the services to be offered and the type of children who will be served. Such contacts afford professionals the chance to raise questions and obtain information regarding how the program will be coordinated with other community resources. Meetings also enable both parties to identify possible duplication of services and to explore areas in which cooperative efforts could result in the sharing of resources.

Disseminating information to agencies, medical facilities, organizations or community groups may also be accomplished by conducting presentations. This may assure that information about the new program will reach a larger audience. Presentations can also be a valuable follow-up to an initial telephone or written contact. Comprehensive information about program components and referral procedures should be presented in an interesting and professional manner. Use of videotapes, slides, charts, or transparencies could be considered.

Brochures and Posters. Contacts of any type may be enhanced by distribution of pamphlets and posters to ensure that professionals and parents have a written program description for future reference. Materials should be attractive, easy to read and informative.

Media Outreach. In order to make parents and professionals aware of the new program, local newspapers,

community publications, and television and radio stations are valuable resources to be considered. A letter of introduction followed by a telephone call may be an effective way to reach the appropriate personnel. Information contained in a public service announcement or article should be clear and concise. It will be important to ask for any guidelines which pertain to the required format for the announcement. It is suggested that a request be made to share materials with your agency prior to printing or airing to ensure that accurate information is conveyed to the public.

Regardless of the mechanism used for generating referrals, it will be important to arrange for ongoing contact with possible referral sources. Using a combination of strategies throughout the year may assist in maintaining program visability and facilitate the transmittal of new referrals on an ongoing basis.

Conducting Screening and Assessment to Determine Program Eligibility

As a result of effective regional outreach activities, children with suspected or known handicapping conditions will begin to be referred to the program for possible placement. During program planning stages, it will be necessary to establish procedures to ensure that screening and evaluation will be conducted in a comprehensive manner. Some items to consider include:

- What type of confidentiality procedures need to be established?
- How will previous health records, diagnostic reports or test results be obtained?
- What screening and assessment instruments should be used?
- What type of personnel will be needed to conduct the testing?
- Where will the testing be conducted?
- When will the testing be conducted?
- What factors will determine program eligibility? (e.g., severity of disability, age, level of functioning in a specific skill area, etc.)
- What procedures will be followed for children who are not accepted into the program?

At this stage in planning, it will also be important to identify any specific local, State or Federal requirements which may relate to screening and evaluation procedures or program eligibility. The State Education Department and/or Special Education Training and Resource Centers may be helpful in obtaining such information.

Conducting Screening

Screening is a preliminary method of distinguishing from the general population those children who may possibly have a handicapping condition. It provides information about a child's overall growth and development and, therefore, may signal the existence of a possible problem. If a problem or abnormality is suspected as a result of the screening, a comprehensive evaluation of the child should be completed. Conducting preliminary screenings of children referred to the program may be a quick and efficient method to identify children for whom the program is inappropriate. For example, children who score within the normal range on the screening instrument could be identified quickly as not needing further testing. It is important to recognize that information gained from screening instruments should be used not to identify children as having handicapping conditions, but to determine which children may have problems and require further, comprehensive testing.

Screening instruments are usually easy and quick to administer and require few materials. It may be helpful to consider the following when selecting a screening test:

- Is the screening instrument designed for group or individual administration?
- Who can administer the test, and is training necessary?
- Is it standardized, and on what population?
- What are its reliability and validity coefficients?
- How long does it take to administer?
- Can the responses be recorded and scored quickly and easily?
- Does administration involve observation of child behavior and/or parental interview?
- Does it cover each of the major developmental areas adequately?
- Is the age range appropriate?
- What is the cost and durability of the instrument?
- Are the materials attractive to children (re: color, size, shape or texture)?
- Are the results easy to interpret?
- What is the rate of overreferral or underreferral?

Many screening programs employ a combination of tests. For example, a screening instrument designed to survey speech and language development might be used in conjunction with a general screening instrument which screens other developmental areas. Conducting screenings in the following areas should be considered:

- Physical development
- Cognitive development
- Receptive and expressive language development
- Articulation skills
- Motor development

One must ensure that children are screened in a fair and unbiased manner. Testing techniques should be appropriate for culturally and linguistically diverse students. Efforts must be made to screen children in their primary language, but an interpreter or translator should be provided, if needed.

A brief summary of some screening instruments which are available for infants and young children follows on page 7. General information about each test is included on the chart. More descriptive information about each screening instrument can be found in Appendix D. Inclusion of instruments in this text should not be interpreted as an endorsement by the New York State Education Department. The listing is not all-inclusive, but will provide some information about available screening tests.

Conducting Evaluations

In order to determine whether a child has a handicapping condition, a comprehensive individual evaluation will need to be conducted. This should include a physical examination, an individual psychological evaluation, a social history, and appropriate educational evaluations in all areas related to the suspected disability. Parental consent to conduct an evaluation should be requested and obtained prior to testing. Results will be used to determine if the pupil is handicapped, will identify the child's strengths and weaknesses and can provide valuable information about a child's educational, emotional, social and physical needs. This information will be used in planning a child's Individualized Education Program (IEP). An IEP is a written plan which specifies the special education program and services to be provided to meet the unique educational needs of a pupil with a handicapping condition. It becomes the basis for individualized instruction.

An evaluation should be conducted by persons appropriately trained in using the assessment instruments. Since some instruments specify which professionals are qualified to administer the test, the program should determine whether it has the staffing capabilities and expertise to conduct a comprehensive assessment or whether it may be advantageous to enter into a contractual arrangement with other professionals to conduct partial or complete diagnostic testing.

It is crucial that test selection and administration be appropriate for the age and suspected handicapping condition of the child and for culturally and linguistically diverse students. Tests should always be administered in the child's native language.

The selection of methods and procedures for evaluation may vary according to the nature and age range of the population to be tested. Using a number of different types of tests will give a broader profile of a child's strengths and needs. A description of some of the types of evaluations that may be used in collecting data follows:

Standardized Instruments. These may include intelligence tests, psychological examinations, hearing and vision tests, speech and language evaluations and educational assessments which have been standardized based on a normative scale. The examiner must administer the test exactly according to directions to assure accuracy and appropriate interpretation of test results.

Observation. Valuable information about a child can be obtained by observing the child's behavior in different settings. When possible, arrange situations so that personal interactions with peers and family members, patterns of adjustment and use of language can be observed. This may help in understanding relationships with peers and teachers, learning styles, motivation factors and attention skills. Patterns and frequency of behavior should be recorded systematically over a period of time.

Criterion-Referenced Tests. These assessment instruments are used to measure a person's development of particular skills in terms of mastery of tasks. The items included are often listed in a developmental sequence within each area of development. Criterion-referenced tests are particularly useful in providing information for developing the child's educational program since they indicate which skills a child has mastered and which need to be learned.

Other considerations in test selection include:

- Does the test measure what it intends to measure?
- How much time will be required for administration?
- Does it provide a comprehensive assessment of different skill areas?
- Is the test standardized and, if so, was the population on which it was standardized similar to that of the child to be tested?
- For which age range was the test designed?
- Are the materials attractive, durable and safe?
- Can the responses be recorded quickly and easily?
- Is the cost reasonable?

SAMPLING OF AVAILABLE SCREENING INSTRUMENTS

Screening Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
ABC Inventory to Determine Kindergarten and School Readiness	4 to 6 years	8 to 9 minutes	X	X	X		
Boyd Developmental Progress Scale	0 to 8 years	10 to 20 minutes		X	X	X	
Carolina Developmental Profile	2 to 5 years	30 minutes	X	X	X		X
CCD Developmental Progress Scale	0 to 8 years	10 to 20 minutes		X	X	X	
Communicative Evaluation Chart From Infancy to 5 Years	3 months to 5 years	observation/ 6 month intervals		X	X	X	X
Comprehensive Identification Process (CIP)	2.5 to 5.5 years	35 to 40 minutes	X	X	X	X	X
Denver Developmental Screening Test (DDST)	6 weeks to 6.4 years	20 minutes		X	X	X	
Denver Prescreening Developmental Questionnaire (PDQ)	3 months to 6 years	5 to 15 minutes		X	X	X	
Developmental Activities Screening Inventory (DASI)	6 months to 5 years	25 to 30 minutes	X	X	X		
Developmental Guidelines	3 to 6 years	not available	X	X	X	X	
Developmental Key for Assessing Children's Growth	Preschool to first grade	10 to 15 minutes		X	X	X	

Screening Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
Developmental Profile	6 months to 12 years	30 to 40 minutes	X	X	X	X	
Lexington Developmental Scale	Birth to 6 years	30 to 45 minutes	X	X	X	X	
McCarthy Screening Test(MST)	4 to 6.5 years	20 minutes	X	X	X		X
Memphis Comprehensive Developmental Scale	3 months to 5 years	untimed	X	X	X	X	
Preschool Attainment Record	6 months to 7 years	20 to 30 minutes	X	X	X	X	
Preschool Screening System	3 to 6 years	15 to 20 minutes	X	X	X		X
Rapid Developmental Screening Checklist	1 month to five years	2 to 3 minutes	X	X	X	X	
Revised Denver Developmental Screening Test (DDST-R)	6 weeks to 6.4 years	5 to 7 minutes		X	X	X	
Revised Developmental Screening Interview	1 to 26 months	15 to 30 minutes		X	X	X	
Riley Preschool Screening Inventory	3 to 6 years	3 to 10 minutes	X		X	X	X
Slossen Intelligence Test	1 month to adulthood	10 to 20 minutes	X	X	X		
Vineland Social Maturity Scale	Birth to 30 years	20 to 30 minutes		X	X	X	

The table beginning on page 10 lists some sample assessment tools which may be appropriate for use with young children with suspected or known handicapping conditions. More descriptive information regarding these tests is included in Appendix E. This list is not all-inclusive nor should it be interpreted as an endorsement by the State Education Department.

Determining Whether A Child is Eligible for the Program

After testing is completed, comprehensive information about the child's overall development will have been obtained. Test results will need to be reviewed carefully to identify the child's strengths and needs in all areas of development and to determine whether a handicapping condition exists. This information will be essential for determining whether the child meets the established criteria for acceptance into the program.

Parents should be provided with comprehensive information regarding the results of the assessment. This should include specific information about the child's strengths and needs in each skill area and any identified handicapping condition.

Parents of children who are deemed to be inappropriate or ineligible for the program should be provided with the reason(s) why their child is not accepted and with suggestions for securing other services, if needed or requested. These parents may be referred to the Early Childhood Direction Center in their region or to other providers to assure that appropriate services are secured.

Developing An Individualized Education Program (IEP)

The findings and determinations made as a result of assessing a child's development will direct the preparation of an Individualized Education Program. A comprehensive IEP should describe the child's current skills and abilities, his or her educational goals and objectives for the school year, the programs and services designed to meet these goals and the ways the child's progress will be periodically checked.

In New York State, IEPs for school-age handicapped students are developed in two phases. It is recommended that IEPs for preschool handicapped children be prepared in the same manner. Parental consent for testing should be obtained. Phase I should be developed by a multidisciplinary team after a comprehensive assessment has been conducted and within 30 days of the receipt of parental consent to conduct the evaluation. Professionals knowledgeable about education and early childhood development should be involved in the process. This could include a psychologist, teacher, administrator, physician, social worker and related service personnel. Phase II should be developed at a planning conference with the parent and teacher. This should occur within 30 days of a child's entry into the program. Parents should be involved throughout the development of recommendations and objectives, since they can provide valuable information which will be important for making decisions regarding the child's program.

Phase I of the IEP should contain the following information:

- The present levels of a child's performance, indicating the individual needs in each of the following areas:
  - academic or educational achievement and learning characteristics
  - social development
  - physical development
  - management needs of the pupil(s) in the classroom.
- The classification of the identified handicapping condition.
- Annual goals that are consistent with the pupil's educational needs and abilities.
- The recommended special education programs and services and the extent to which the pupil will participate in activities with nonhandicapped peers. If a special class program is recommended, the appropriate class size should be stated.
- The projected date for initiation of special education programs and services, the amount of time per day the pupil will receive such services, and the projected date of review of the pupil's need for such services.
- The specialized equipment and adaptive devices needed for the child.
- Those testing modifications to be used consistently by the child in the recommended program.

Phase II of the IEP development process should be carried out by the teachers and staff assigned to provide the special program and services. A planning conference should be conducted within thirty days of the date of placement. At that time the child's teachers, parents and other appropriate personnel should develop:

- A statement of short-term objectives consistent with the annual goals listed in Phase I.

SAMPLING OF AVAILABLE ASSESSMENT INSTRUMENTS

Assessment Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
AAMD Adaptive Behavior Scale Institutional Version	3 to 69 years	15 to 20 minutes	X	X	X	X	
Assessment of Children's Language Comprehension	3 to 7 years	10 to 15 minutes		X			
Basic Concept Inventory	Preschool through 3rd grade	30 to 60 minutes	X	X			
The Bayley Scales of Infant Development	2 to 30 months	45 minutes	X		X	X	
Birth - Three Developmental Scale (Early Childhood Education for Handicapped Children)	Birth to 36 months	varied	X	X	X	X	
Boehm Test of Basic Concepts	Preschool to 3rd grade	15 to 20 minutes	X	X			
Brigance Diagnostic Inventory of Early Development	Birth to 6 years	varied	X	X	X	X	
Bzoch-League Receptive-Expressive Emergent Language Scale for the Measurement of Language in Infancy	Birth to 36 months	10 to 15 minutes		X			
California Preschool Social Competency Scale	2 yrs., 6 months to 5 yrs., 6 months	untimed				X	
Callier-Azuza Scales	Birth to 9 years	2 weeks observation		X	X	X	

Assessment Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
Carrow Elicited Language Inventory	3 to 8 years	5 minutes		X			
Cassel Developmental Inventory	Birth to Death	not reported	X			X	
Circus	4 to 5 years	not reported	X	X	X		X
Columbia Mental Maturity Scale Third Edition	3.5 to 10 years	15 - 30 minutes	X				
Cooperative Preschool Inventory, Revised Edition	3 to 6 years	15 minutes	X	X	X	X	X
Developmental Profile	Birth to 12 years	30 to 40 minutes	X	X	X	X	X
Developmental Test of Visual-Motor Integration	2 to 15 years	15 to 20 minutes			X		X
Early Intervention Developmental Profile	Birth to 36 months	not reported	X	X	X	X	X
EMI Assessment Scale	1 month to 2 years	30 to 45 minutes	X	X	X	X	
Environmental Language Inventory	2 to 6 years	20 to 30 minutes		X			
Goldman-Fristoe Test of Articulation	Preschool and older	10 to 15 minutes		X			

Assessment Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
Goldman-Fristoe-Woodcock Auditory Skills Test Battery	3 to 8 years and above	10 to 15 minutes		Auditory Reception			
Hiskey-Nebraska Test of Learning Aptitude	2.5 to 18.5 years	50 to 60 minutes	X			X	
Inventory of Readiness Skills	Preschool, Kindergarten, 1st grade	20 minutes		X	X	X	X
Lakeland Village Adaptive Behavior Guide	3 months 16 years	varied	X	X	X		
Learning Accomplishment Profile Diagnostic Assessment Kit, Revised	0 to 6 years	1 hour		X	X		
Leiter Internal Performance Scale	2 years to adult	45 minutes	X				
Manual of Developmental Diagnosis	4 weeks to 36 months	untimed		X	X	X	
Marshalltown Behavioral Developmental Profile	0 - 6 years	45 - 75 minutes	X		X	X	
The McCarthy Scales of Children's Abilities	2.5 to 8.5 years	45 to 60 minutes	X	X	X		X
Minnesota Preschool Scale	1.5 to 6.0 years	30 minutes or less				X	

Assessment Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
Peabody Picture Vocabulary Test - Revised	2.5 to 40 years	15 minutes or less	X				
Portage Guide to Early Education, Revised Edition	Mental Age 0-6 years	20 - 40 minutes		X	X	X	
Psychoeducational Evaluation of the Preschool Child	Preschool	not timed	X	X	X		X
Pupil Record of Educational Behavior	Preschool through upper primary	30 minutes to 2 hours	X	X	X		X
Sequenced Inventory of Communication Development	4 to 48 months	30 minutes per section		X			
Southern California Figure Ground Visual Perception Test	4 to 10 years	5 - 20 minutes					X
Stanford Early Achievement Test	Pre-K to end of Kindergarten	90 minutes to 2 hrs. 20 min.		X			
Test for Auditory Comprehension of Language	3 to 7 years	10 to 20 minutes		X			
Thomas Self-Concept Values Test (Experimental Form)	Preschool to 5th grade	10 to 20 minutes				X	
Valett Developmental Survey of Basic Learning Abilities	2 to 7 years	varied	X	X	X		X
The Wechsler Preschool and Primary Scale of Intelligence	4 to 6.5 years	not reported	X				

Assessment Instruments	Administration		Skill Areas				
	Age Level	Time Required	Cognitive Development	Language Development	Motor Development	Personal-Social Development	Visual Perception
Winter Haven Perceptual Forms Test	4 to 9 years	10 minutes			X		X
Y.E.M.R. Performance Profile for the Young Moderately and Mildly Retarded	Prekindergarten and Early Grades	not timed	X	X	X	X	X

- Appropriate objective criteria, evaluation, procedures and schedules for determining, on at least an annual basis, whether the instructional objectives are being achieved.

The following sections provide further descriptive information about the various elements of the IEP.

Determining the Present Levels of Performance

The determination of the present levels of performance should be made by the multidisciplinary team on the basis of data collected during the referral and evaluation process. If the information available on a particular child is to be sufficient to complete the IEP, it should permit both adequate descriptions of a child's current functioning in all appropriate areas and a determination of program needs. The four areas of performance and development which should be specified are:

Academic or educational achievement and learning characteristics:
The levels of knowledge and development in subject and skill areas, including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information, and learning style;

Social development:
The degree and quality of the pupil's relationships with peers and adults, feelings about self, and social adjustment to school and community environments;

Physical development
The degree or quality of the pupil's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process; and

Management needs of the pupil(s) in the classroom:
The nature of and degree to which environmental modifications and human or material resources are required to enable the child to benefit from instruction.

Identifying the Presence of a Handicapping Condition

The identification of a child's handicapping condition is an essential part of making a recommendation regarding service needs and should be stated on the IEP. The decision regarding classification should be made after a comprehensive assessment of the child. A handicapping condition may be any one or a combination of mental, emotional or physical factors that adversely affect the child's educational performance. The specific handicapping conditions included on Family Court petitions are those noted in the Regulations of the Commissioner for school-age children and can be used as a guide for identifying preschool handicapped children.

A child's handicapping condition should not be used as the sole basis for providing or not providing programs and services to the child. While the handicapping condition may indicate certain general needs, the specific needs of the child, regardless of his or her handicapping condition, are the basis for formulating educational goals and providing special programs and services.

Annual Goals

The annual goals included in the IEP establish a long-range educational plan for children receiving special education services and should describe what the child is expected to accomplish during the year. These goals set the stage for the more detailed short-term instructional objectives that are to be developed as part of the IEP process. Goals which are clearly and objectively written are also useful in making decisions regarding the appropriateness of one placement alternative over others.

Annual goals should be written for each area of learning in which special education is to be provided. For young children this could include language, motor, cognitive, social and emotional development as well as other academic and curricular areas.

Determining Short-Term Objectives

A child's annual goals, as noted on the IEP, serve as projections for progress. These goals should be used for developing the child's short-term instructional objectives. This is logical, as short-term objectives constitute the component steps necessary for obtaining long-term goals. Short-term objectives should be developed by the child's teacher(s) after he or she has had ample time to observe the child's behavior in a classroom setting. As previously noted, this should occur within 30 days of the child's placement in the program. Statements of short-term objectives should reflect the desired behavior and be written in clear and concise terms. Evaluation procedures and criteria for determining if objectives are being met should be clearly indicated.

IEP Review Procedures

Each IEP should be reviewed and, if appropriate, revised periodically but not less than annually. This will ensure that the program continues to meet the child's educational needs. The projected date of the annual review should be indicated on the IEP and should occur within

one year of the child's entrance into special education or of the last review. Participants in the annual review should be similar to those in the initial IEP meeting. In order to ensure parent involvement, parents should be notified of the intent to review the child's program and informed of the date, time and place of the meeting.

Designing the Program

Developing a fundamentally sound educational program to meet the needs of young handicapped children requires careful planning. Since there is an array of exemplary program models from which to choose, researching information on possible program designs will provide a number of options for consideration. The Federal Department of Education, the State Education Department, universities with teacher training programs and demonstration centers, private and public preschool service providers, agencies with diagnostic and prescriptive teaching components and Federal demonstration and outreach projects may be able to provide assistance with these research efforts. Reviewing textbooks and resource materials available through the local Special Education Training and Resource Center (SETRC) and college and community libraries may also be useful. These sources will provide descriptive information pertaining to staffing, length of school day, curriculum materials, room arrangements, parent programs, class size, scheduling, staffing ratios and other program components which warrant consideration.

Choice of program design will depend on a variety of factors. For example, choosing a home-based or center-based model may depend upon the age of the children the program plans to serve, the severity of their handicapping conditions, their medical or management needs, the level of parent involvement desired, program requirements at the local, State or Federal level, and available resources. The number of staff and type of related personnel staff to employ will be influenced by the number of children to be served and the service needs of your target population. Such factors are important considerations for making determinations regarding the length of day and school calendar, the number of children and classes, class sizes and composition, scheduling, staffing ratios and curricula to be used as well as for other program components such as home programs, parent education, staff training and curriculum development. When making such decisions, the individual needs of the children who will be served should always be considered.

Program Models

Center-Based Instruction for Handicapped Children, Birth to Age Five. A center-based program can provide valuable experiences for young children with handicapping conditions. By providing a variety of services in a central location, children may have increased access to the receipt of services from multi-disciplinary staff. Center-based programs also provide opportunities for staff to work together in coordinating the implementation of IEPs. Teachers can maintain close communication with related service personnel by observing the provision of therapy, and therapists can also observe and deliver therapies within the classroom program.

In addition, children who are enrolled in center-based programs will have daily opportunities to learn and interact with peers. This may help develop social and language skills. It also may be possible to offer the children opportunities to interact with nonhandicapped peers. This can ensure that special education services are offered in the least restrictive environment.

Implementing a center-based program will provide an opportunity for children to experiment with materials and resources which may not be readily available in the home. Such experiences may be important for stimulating and enhancing a child's growth and development. Becoming familiar with daily classroom routines and practices may also increase a child's likelihood for success during later school years by facilitating a smooth transition into school-age programs.

It will be necessary to determine the number of hours per day and days per week the program will be made available to prospective students. Options to consider include half-day versus full-day programs which operate up to five days a week. In order to receive State reimbursements for court-ordered services, center-based services must be offered and available to each handicapped child, below the age of five, for a minimum of 2½ hours a day, five days a week. This provides students with daily educational experiences which are offered in a structured environment, while allowing for the implementation of a well-planned, comprehensive, developmentally based program that includes fine and gross motor, cognitive, language, social and self-help skill acquisition. It may be necessary to allow some individual exceptions regarding frequency of attendance for children whose needs might be better met in an alternative manner. For example, a young child with severe medical needs might be better served in a less intensive program

that involves three days a week of services rather than five. It is recommended that such decisions be made on an individual basis upon receipt of supporting information from a physician, psychologist, other appropriate professionals, and parents.

Home-Based Infant Instruction for Handicapped Children, Birth to Age 2. The needs of some handicapped children may be best met in a home-based program. It will be important for the evaluation team to carefully review all information pertaining to the child in order to make a decision regarding the appropriateness of home-based versus center-based instruction. It is recommended that home-based services be provided for handicapped children below the age of two, when such placement would be the least restrictive environment. This may involve children whose medical or management needs necessitate the provision of services in the child's home. In cases where geographical distances may impede access to available services, home-based instruction may be a viable alternative to center-based instruction. It may also provide a mode of teaching for very young children who are maternally dependent. For example, a low birth weight infant with feeding problems, who is being breast fed, would be better served at home.

Home instruction can also be an effective mechanism for providing parent training. By creating opportunities where parents can readily observe the teacher's instruction, parents can conduct follow-up activities with their child between home visits. This will help reinforce the teaching and may enhance the parents' skills in working with their child. In addition, working with the child at home may provide greater opportunity to meet and work with several or all of the family members in meeting the needs of the child and family.

Local, State or Federal guidelines or regulations may include recommendations on provisions regarding the minimum number of weekly contact hours. For example, in order to meet the State Education Department's minimum criteria for State reimbursement for court-ordered services, the services of a special education teacher must be afforded a minimum of two contact hours per week. The participants at the IEP planning conference will play an important role in making such determinations. As in center-based programs, coordinating services will be important so that teachers, therapists and parents can reinforce skill acquisition and work effectively together in implementing the child's total education program.

Choosing a program model (i.e., center-based versus home-based, full-day versus half-day, five days versus three days per week, etc.) may be directly influenced by applicable local, State or Federal requirements. The State Education Department or the Early Childhood Direction Center in your region can provide information regarding such provisions.

Staffing

Program staff may include full-time and part-time personnel, as well as consultants. Determinations regarding the type and number of staff as well as the amount of time they need to be employed will depend upon the number of children to be served, the ages of the student population, the educational, habilitative and management needs of the students and the length of the school day. Program staff could include:

special education teachers
teacher aides
speech therapists
occupational therapists
physical therapists
social workers
psychologists

All teachers providing special education services must be certified in the appropriate area(s) of special education in order to receive State reimbursement for funding through Family Court. Similarly, related services should be provided by appropriately certified or licensed specialists. In addition, it is recommended that staff have educational training and experience in working with young children. A background in child development and working with parents is also helpful. Candidates for employment should furnish resumes, recommendations, references, college transcripts and other pertinent materials that attest to their skill, training and experience in working with children and families. Arranging situations as part of the interview process that allow for observation of prospective staff interactions with children may provide additional information regarding the skills of candidates.

Since the success of the program will be greatly affected by the professionals on staff, it may be beneficial to conduct an extensive job search. This could include advertising in newspapers, both in and out of the region, and posting job ads at placement offices in local colleges and universities, at local educational agencies and at local employment offices.

In order to ensure that the philosophies and preferred teaching modalities of prospective candidates are consistent with those of the program, question applicants and clearly state the program's position on these issues. In addition, expectations regarding staff performance, work hours and other job requirements should be clearly indicated at the job interview.

Scheduling Considerations

When designing the program, determine the extent of the special education services that will be offered to meet the needs of the children who will be served. This can

include a variety of programs and services to meet the differing needs of students with handicapping conditions. Providing a full continuum of services will allow equal opportunity for instruction in the least restrictive environment. The range of programs and services for young handicapped children could include:

- related services (offered in conjunction with a total special education program or regular nursery or preschool program);
- special class instruction; and
- home-based services.

If special education is offered in a center-based program, such services could be offered on a half-day or full-day basis. If the program site has sufficient space and the needs of the target population seem to warrant different placement options, you may want to consider offering both full-and half-day programs. This will provide parents and the evaluation team with more options to consider when making placement decisions for the young handicapped children who are referred to the program.

Factors to consider when scheduling include:

- age of the target population;
- management needs of the children;
- accessibility of transportation (i.e., transportation may be more accessible if hours of operation coincide with those of the local school district);
- availability of classroom space;
- number of children to be served (i.e., two half-day sessions may enable you to serve more children than a full-day session);
- applicable Federal, State or local requirements; and
- parent work hours.

The number of classes established will depend on the number of children identified and accepted for placement, the space available, and the educational, physical, social and management needs of the children. Determinations regarding class size and teacher-student ratios may also be contingent upon Federal, State or local requirements. Please note, however, that the specific needs of each child, regardless of his or her age or handicapping condition, should be the basis for making any placement decisions.

A special class may be composed of children with the same handicapping conditions or with differing handicapping conditions, as long as children placed together are grouped by similarity of individual needs. To achieve appropriate groupings, it will be important to keep in mind that:

- The range of educational achievement of such children should be limited to assure that instruction provides each pupil with appropriate opportunities to achieve his or her annual goals. The learning characteristics of pupils in the group should be sufficiently similar to assure that at least this range of academic or educational achievement is maintained.
- The social development of each child should be considered prior to placement in any instructional group to assure that the social interaction within the group is beneficial to each pupil, contributes to each pupil's social growth and maturity, and does not consistently interfere with the instruction being provided. The social needs of a pupil should not be the sole determinant of such placement.
- The levels of physical development of such children may vary, provided that each pupil has appropriate opportunities to benefit from such instruction. Physical needs should be considered prior to determining placement to assure access to appropriate programs. The physical needs of the child should not be the sole basis for determining placement.
- The management needs of such children may vary if environmental modifications, adaptations, or human or material resources required to meet the needs of any one pupil in the group are provided and do not consistently detract from the opportunities of other pupils in the group to benefit from instruction.

It is suggested that special education instruction for preschool handicapped children, which is offered in a self-contained setting, approximate class options that are in place for school-age children with handicapping conditions. These include four class size options:

a) 12 students with 1 teacher
b) 12 students with 1 teacher and 1 aide
c) 6 students with 1 teacher
d) 12 students with 1 teacher and an additional paid staff person for every 3 students in the class.

It may be necessary to secure the assistance of additional adults when conducting certain activities. For example, more adults may need to be available for toileting, changing diapers, going to and from therapy, and at busing times. Children usually need more adult support during transition times, such as arrival and dismissal, changing from one activity to another, and cleaning up. Snack and lunch times may also require a close adult to child ratio, as handicapped children may need special assistance with feeding. When children are participating in free play activities, enough adults should be available to sufficiently supervise the play area and to handle any emergency situations. Field trips will also require a higher adult to student ratio. These additional staffing needs may be met by utilizing volunteers, students, and parents.

Developing and Implementing the Curriculum

The curriculum of a special education program for young children should be similar to that of a preschool curriculum for nonhandicapped children, as both programs are intended to assist the children to attain their full potential for growth and development and to prepare them for entering elementary school. In order for this to occur, the curriculum should focus on all areas of development, including cognitive, emotional, social, physical and language development, while adhering to the annual goals and short-term objectives defined in each child's individualized education program (IEP).

It may be helpful to review commercially developed curricula when deciding whether to use an available program(s) or to design a new curriculum. Local preschool service providers, Special Education Training and Resource Centers, and community and university libraries may be able to provide assistance in identifying such curricula. Appendix F includes a bibliography of some available curricular resources for teaching young children.

The curriculum should be coordinated with all related services personnel so that classroom and therapy activities will complement and reinforce each other. This instruction can be further reinforced when parents are apprised of classroom activities and the content of daily instruction. The curriculum can also be enhanced by shaping it around holidays, seasons, field trips, and topical areas such as transportation, community helpers, the family, animals, and others.

Creative scheduling will be important to maximize the use of instructional time, allowing each child the opportunity to be actively involved in learning experiences and to receive direct instruction designed to meet the individual goals noted on his or her IEP. Daily activities should be structured to provide a blend of individual, small and large group sessions which address all areas of development. Varying active and passive activities may also help maintain a high level of child interest and may ultimately increase a child's attention span. For example, a large group game activity might be followed by individual language sessions. The use of puppets, games or songs may also enhance the presentation of an activity and may be an effective strategy for maintaining or redirecting a child's attention or focus to the task at hand.

The learning environment should be designed to meet the needs of the children and to facilitate the implementation of the curriculum. This will include the arrangement of the room and the selection of furniture, equipment and materials. For example, infants may need crib and crawling space, while older children may need an area to ride bikes, climb, or maneuver wheelchairs. This will affect how the room is arranged and the type of materials and equipment that should be ordered. Tables and chairs should be child-sized and shelves and other child materials accessible to students in the classroom.

The classroom should be arranged to accommodate structured activities and free play. Place furniture to allow for large group or circle activities, individual and small group instruction, self-directed cognitive play (e.g., puzzles, sorting and matching), imaginative play (e.g., housekeeping), and gross motor activities. Separate areas in the classroom may also be needed for therapy or testing. In addition, materials and equipment should be arranged so that children can select and use them independently and appropriately.

Furniture and equipment that is child-sized may be found in educational catalogues, many of which include equipment and materials which are specifically designed for preschool children. Adaptive equipment may also be needed for non-ambulatory or physically disabled students. This includes standing tables, chairs with wedges and holding straps, corner seats for floor sitting, and tables with clearances for wheelchairs. Other equipment, such as eating utensils, bathroom facilities, riding toys, puzzles, and climbing apparatus, should be modified as needed to meet the needs of the students.

Establishing Effective Home-School Partnerships

Parents play a vital role in the early years of a child's growth and development. Their advice and participation will be important for defining and implementing a successful special education program which will meet the individual needs of the child and the family. Parents have the opportunity to observe their child at home, in an environment that is comfortable and familiar. As a result, they will be able to identify some behaviors, skills, or needs that program staff may not have seen in the educational setting. Teachers and therapists, as partners with parents, can provide valuable information about a child's behavior in school and work together in developing strategies for enhancing development and acquisition of new skills. Establishing an effective home-school partnership can:

- facilitate the development and implementation of effective individualized planning;
- reinforce program goals;

- accelerate the child's rate of learning;
- establish open lines of communication between home and school;
- enable parents to become active participants in their child's special education program;
- facilitate community awareness about the needs of children with handicapping conditions; and
- assist parents in advocating for their child's needs.

There are a variety of ways to involve parents and families in their child's educational program and to facilitate ongoing communication. Some suggested strategies for promoting parent participation are highlighted below:

Classroom participation. Program staff may wish to involve parents in classroom activities. This could include asking parents to participate as volunteers, observe the provision of therapy or teaching, or implement certain lessons. This enables parents to become active participants in their child's educational program, while providing opportunities for them to observe and model teacher-student interactions.

Staff-parent conferences. Regularly scheduled meetings between family and staff can be an effective means of updating family members on the child's progress and for reinforcing the carry-over of classroom goals to the home. Providing parents with ample notice of upcoming meetings and scheduling these at convenient times helps to ensure that parents take full advantage of this opportunity. Take-home materials and a summary report facilitate the implementation of any suggested teaching strategies at home.

Home visits. Meeting with parents in their home can provide staff with a clearer understanding of the home environment and the family's support system. Concrete suggestions for implementing the child's individualized education program at home can be clearly explained and demonstrated, so that parents will feel comfortable about structuring activities at home.

Written communication. It also may be helpful to provide parents with written information regarding program activities. This can include daily or weekly anecdotal records which highlight favorite activities, newly acquired skills or behaviors, and curricular areas that were addressed. Providing parents with a weekly schedule of planned activities and suggestions for parent follow-up may help facilitate the reinforcement of activities at home.

Record-keeping. Asking parents to keep daily records of their child's behaviors may promote the transmittal of information between home and school. Providing parents with forms on which to record such behaviors or using a home/school notebook may facilitate the collection of data.

Parent training programs. In order to provide parents with training on specific topics, it is useful to develop parent training sessions. These are effective mechanisms for providing information on areas of mutual interest, while setting up a time for parents to meet and interact with one another. As SETRC projects offer training for parents on a regional basis, it may be helpful to contact the local SETRC to coordinate training activities. The SETRC may be able to meet identified training needs and provide parents with resources and materials.

Considering Additional Factors

In addition to the basic components already addressed, there are some additional items which warrant consideration when designing and planning the implementation of a comprehensive special education program for handicapped children below the age of five.

Health and Safety Requirements

Local, State and Federal guidelines should be researched in order to identify any health or safety requirements that need to be met. These are apt to include health and safety requirements established by State and local agencies, such as immunization guidelines established by the Health Department.

In addition, a complete health record for each child should be on file and readily accessible. It should include any diagnosed or suspected allergies, prescribed medication, the telephone number of the parents or the person designated to contact in case of an emergency, and the name of the child's doctor. Specific information about any other health needs or written instructions for administering any treatment or medication should be clearly stated. Parental consent should be obtained and on file if program staff are to administer medication and/or other specific medical treatments. Permission slips should also be obtained when taking children out of the building for field trips.

Emergency procedures should be clearly posted and explained to all staff. This should include building evacuation and fire drill procedures, whom to contact if immediate help is needed and who should assume responsibility for contacting parents in case of an emergency. First

aid materials should be available on the program site and readily accessible.

In order to document additional health information, it is recommended that staff record all absences and note the nature of the child's illness. Any health complaints indicated by the child or changes in behavior or eating habits should be conveyed to parents and documented. In addition, evidence of abuse and neglect should be reported to the appropriate agencies.

Arranging for Transportation

If you are operating a center-based preschool program, you may need to arrange to transport pupils to and from school. Information regarding requirements or procedures for obtaining such services can be obtained from the appropriate State or local agency, existing service providers or the local Early Childhood Direction Center. For example, under the current court order system, the Family Court Judge is responsible for making decisions regarding transportation services. To assist the judges in making such decisions, some counties have established local procedures and guidelines for contracting with transporters. This includes requiring that transportation bids be submitted for services that will be requested through the Family Court petitioning process, and specific requirements which vehicles and/or drivers must meet.

In order to provide transportation that will meet the needs of the handicapped children enrolled in the program, the following questions should be raised:

- Are car seats or adapted devices needed?
- Does the child need specific assistance (e.g., wheelchair lift, transportation aide, physical help in getting on or off the vehicle)?
- Is the transit time for the child reasonable and suited to his or her endurance?
- Are transportation needs specified on the child's IEP?

Individual assistance must be provided for children who are unable to move independently from the vehicle. Procedures for assuring that this occurs should be established. Program staff, volunteers, or transportation aides can be utilized for this purpose. It is also recommended that transportation routing be limited to a maximum of an hour in transit. If there is a change in the usual transportation service (e.g., pick-up or drop-off site), this should be approved in writing by the child's parent or guardian before any modification is made.

Drivers should be informed of any health or safety needs of the children being transported and should have appropriate training regarding the special needs of handicapped children. For further information regarding transporting children with special needs, please contact:

New York State Education Department
Bureau of Educational Management Services
Cultural Education Center, Room 3059
Albany, New York 12230

Confidentiality of Records

Confidentiality means that access to student records is provided only to those individuals or agencies with legitimate educational interests in a given child. Confidentiality of student records or other personally identifiable information may be protected by Federal, State or local statutes. Please check with local, State or Federal agencies to verify what procedures should be implemented. It is recommended that written consent from parents be obtained before releasing records to anyone *other than the following*:

- school officials, including teachers, within the educational institution or local education agency who have a legitmate educational interest in the child;
- officials of other programs or school systems in which the student seeks or intends to enroll, upon the condition that parents are notified of the intent to transfer the records, and receive a copy of the records;
- authorized representatives of Federal and State educational agencies;
- in connection with financial aid for which the student has applied;
- State and local officials to whom information is specifically required to be reported pursuant to State statutes adopted prior to November 19, 1974;
- organizations conducting studies for, or on behalf of, educational agencies, provided that the studies are conducted in a manner which does not permit the identification of students and their parents by anyone other than representatives of the organization;
- accrediting organizations in order to carry out their accrediting function;
- parents of a dependent student;
- to comply with a judicial order or lawfully issued subpoena, provided that reasonable effort is made to notify the parent or the student, if eligible, in advance; and
- appropriate parties in a health or safety emergency.

For purposes of ensuring confidentiality, educational agencies or institutions should keep a log with the education records of a student which indicates who has requested personally identifiable information and the reasons for such requests. The log of record requests may be inspected by the parent and by authorized school and agency representatives. While requests for access by parents, involved school officials (including teachers) and requests accompanied by written parental consent do not

necessarily need to be recorded, it may be advantageous to document all requests to indicate that only authorized individuals have been allowed access.

Coordination with School Districts

All early childhood programs which provide services to handicapped children should work closely with local school districts in coordinating efforts, whenever possible. Ongoing communication with local education agencies may facilitate the transmission of referrals to the preschool program. In addition, since early childhood programs should be designed to provide instruction to students to help prepare them for entering the public school system, coordination will ensure that the child's transition from the preschool to school-age educational setting is a smooth one. The development of written agreements with each local educational agency in the service region may be a helpful way to delineate program responsibilities and to provide a framework for coordination.

Cooperative activities between the preschool program and school districts could include sharing appropriate information and attendance of preschool program staff at Committee on the Handicapped meetings. To avoid duplication of efforts and to maximize the use of limited resources, it also may be worthwhile for officials from both the public school districts and the preschool program to arrange for periodic meetings that would allow for discussion of mutual efforts on behalf of young handicapped children. For example, screening programs may be coordinated to ensure maximum use of staff and facilities while minimizing the need for duplicative testing of the child. It also is helpful to establish procedures for referring the names of children who are handicapped to the local educational agency to assist them in their census responsibilities. It will be important to keep in mind that parental consent should be obtained for release of information. Such activities may assist school district personnel in planning for the child as he or she approaches school age.

Staff Development

Ongoing staff development activities will ensure that teachers, related service providers and administrative staff are kept informed about the latest developments in the area of early childhood special education. This will assist in assuring that high quality special education services continue to be provided to students placed at the facility. Staff development can be addressed in a variety of ways.

The SETRC network is designed to provide local training to parents and professionals regarding the educational needs of handicapped children. This includes training for personnel who provide services to preschool handicapped children. A list of the training centers is included in the Appendices of this document. Since these local training programs may be applicable for your staff, we would encourage preschool agencies to contact the local SETRC center to learn about available training sessions. The use of printed materials in the form of programmed modules, publications and newsletters may also be useful for staff training. The local SETRC may have some resources in its lending library which staff may borrow. In addition, suggestions may be provided to SETRC for developing additional training activities or for obtaining other resource materials to meet local needs.

Agencies can also arrange their own staff development programs. Some agencies have found it worthwhile to have different staff members conduct presentations for other professionals within the agency. Conducting such activities on a rotating basis affords various staff members the opportunity to share and obtain information pertaining to a number of subject areas. This strategy, as well as participating in the training offered by the SETRC network, will result in a minimal cost for staff development activities. Such activities also provide the opportunity for personnel from various disciplines to interact with one another and may facilitate the implementation of an interdisciplinary model of service. Additionally, local agencies can pool the expertise of their staff members and conduct training sessions which are jointly developed and implemented by program personnel.

Hiring a consultant to conduct staff development activities is another option to consider. Workshops offered by various national, State and local professional groups also may be worth investigating. Attendance at conferences held outside the program region will allow staff to interact with professionals from other geographic areas who may have other experiences which might warrant consideration for local replication. Working with consultants and attending conferences may afford staff the opportunity to receive training from experts who are not available locally. The agency's ability to utilize these staff development resources will depend upon available fiscal resources for items such as conference registration, staff travel and per diem fees.

Use of Volunteers

In order to maximize the use of limited resources, many programs have found it helpful to use volunteers to assist with program activities. This can include classroom, clerical and other agency work. Volunteer help may be provided by parents, senior citizens, college students and other individuals who are willing to make their time available.

To recruit volunteers, contacting local universities, senior citizen centers, volunteer organizations and service clubs should be considered. In addition, low-cost or free television, radio or newspaper advertising may be available to alert the public to your service needs. There are, however, a number of factors to consider when deciding whether and how to best utilize volunteers.

Once contacted by available candidates, agencies should arrange for interviews. This can be done by supervisors in the area in which the volunteer will be employed or by a designated volunteer coordinator. Some agencies have found it useful to hire a volunteer coordinator to be responsible for overseeing activities of volunteer workers. During the interview process, job responsibilities should be clearly defined and information on agency expectations provided. This will ensure that prospective volunteers will understand their tasks and that such activities will be meaningful for the individual. It may also be useful to develop a volunteer manual which describes agency expectations for volunteers and all pertinent procedures, including time of arrival, mode of dress, handling of emergencies and the like. Conducting formal training sessions for volunteer workers is another way to inform them about the program and job responsibilities. Throughout activities with volunteers, it will be important to provide motivation that will, in turn, promote a high quality of services.

Of critical importance is the determination of what jobs are suitable for volunteer workers. Your agency will also need to determine whether continuous or sporadic recruitment of volunteers is more beneficial. While some preschool programs may need volunteers on a regular basis, other programs may only require the use of volunteers at peak times during the year.

Once good volunteers have been located and trained, agencies should make every effort to ensure that the volunteers are retained. Literature suggests that the success of utilizing volunteers is closely correlated with how meaningful the task is for the individual who is devoting his or her free time. Involving volunteers in staff activities and meetings and recognizing their contributions by awards, letters of appreciation and other gestures may help to further their work at your agency.

There are a variety of resource materials that have been published which provide more specific information about organizing volunteer programs. SETRC, local volunteer organizations, university and community libraries and other service groups may be able to assist you with locating such information.

Appendices

Inclusion of the supplementary materials in Appendices C-F should not be interpreted as an endorsement by the State Education Department.

APPENDIX A

Early Childhood Direction Centers

1. Early Childhood Direction Center
   c/o Cantalician Learning Center
   3233 Main Street
   Buffalo, NY 14214
   (716) 833-3127
   1-800-462-7653

2. Regional Early Childhood
   Direction Center
   264 Village Landing
   Fairport, NY 14450
   or
   University of Rochester
   Strong Memorial Hospital
   601 Elmwood Avenue
   Rochester, NY 14642
   1-800-462-4344 or
   (716) 223-6220

3. Early Childhood Direction Center
   Huntington Hall – Room 409
   Syracuse University
   Syracuse, NY 13210
   1-800-962-5488
   (315) 423-4444, (315) 423-3851

4. Early Childhood Direction Center
   Broome-Delaware-Tioga BOCES
   Adult Learning Center
   740 Main Street
   Johnson City, NY 13790
   (607) 798-8831

5. Early Childhood Direction Center
   Franklin-Essex-Hamilton BOCES
   P.O. Box 28
   Malone, NY 12953
   (518) 483-6523

6. Early Childhood Direction Center
   of the Capital Region
   Albany-Schenectady-Schoharie
   BOCES
   Maywood Elementary School
   1979 Central Avenue
   Albany, NY 12205
   1-800-342-1216 or (518) 456-9071

7. Early Childhood Direction Center
   101 Hurley Avenue
   Kingston, NY 12401
   (914) 338-6755

8. Early Childhood Direction Center
   St. Agnes Hospital
   305 North Street
   White Plains, NY 10605
   (914) 681-4656

9. Early Childhood Direction Center
   New York Hospital
   525 East 68th Street
   New York, NY 10021
   (212) 472-6535

10. Early Childhood Direction Center
    NICU
    Interfaith Medical Center – Site A
    1545 Atlantic Avenue
    Brooklyn, NY 11213
    (718) 240-4600

11. Early Childhood Direction Center
    United Cerebral Palsy of Queens
    82-25 164th Street
    Jamaica, NY 11432
    (718) 380-3000 Ext. 265

12. Early Childhood Direction Center
    Variety Pre-Schooler's Workshop
    47 Humphrey Drive
    Syosset, NY 11791
    (516) 364-8580

13. Early Childhood Direction Center
    Suffolk Child Development Center
    Hollywood Drive
    Smithtown, NY 11787
    (516) 724-2402 or 724-1717

14. Early Childhood Direction Center
    Lincoln Medical and Mental
    Health Center
    234 East 149th Street, 4a Room 50
    Bronx, NY 10451
    (212) 579-5778 or 579-5779

Direction Centers are administered by the New York State Education Department. For more information contact:

The New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071 Education Building
Albany, NY 12234
(518) 474-5804 or 474-8917

New York State

Early Childhood Direction Center Network

14 Centers

BEST COPY AVAILABLE

APPENDIX B

Directory of Special Education Training and Resource Centers in New York State

Albany-Schoharie-Schenectady BOCES SETRC
Maywood School
1979 Central Avenue
Albany, New York 12205
(518) 456-9069

Broome-Delaware-Tioga BOCES SETRC
421 Upper Glenwood Road
Binghamton, New York 13905
(607) 729-9301 Ext. 362

Buffalo City SETRC
School #75
99 Monroe Street
Buffalo, New York 14206
(716) 856-5595

Cattaraugus-Allegany-Erie-Wyoming BOCES SETRC
Windfall Road
Box 424-B
Olean, New York 14760
(716) 372-8293

Cayuga County BOCES SETRC
234 South Street Road
Auburn, New York 13021
(315) 253-0361 Ext. 59

Chautauqua County BOCES SETRC
9520 Fredonia Stockton Road
Fredonia, New York 14063
(716) 672-4371 Ext. 278

Clinton-Essex-Warren-Washington BOCES SETRC
Box 455
Plattsburgh, New York 12901
(518) 561-0100

Cortland-Madison BOCES SETRC
McEvoy Education Center
Clinton Avenue Extension
Cortland, New York 13045
(607) 753-9301

Delaware-Chenango SETRC
SUNY At Binghamton
Division of Professional Education
Vestal Parkway
Binghamton, New York 13901
(607) 777-6681

Dutchess BOCES SETRC
Poughkeepsie Middle School
55 College Avenue
Poughkeepsie, New York 12601
(914) 471-0983

Erie #1 BOCES SETRC
2 Pleasant Avenue West
Lancaster, NY 14086
(716) 686-2019 or 2082

Erie #2 BOCES SETRC
3340 Baker Road
Orchard Park, NY 14127
(716) 992-3413

Franklin-Essex-Hamilton BOCES SETRC
Adirondack Education Center
Bloomingdale Avenue
Saranac Lake, NY 12983
(518) 891-5410

Genesee-Wyoming BOCES SETRC
8250 State Street Road
Batavia, New York 14020
(716) 343-1400 Ext. 296

Hamilton-Fulton-Montgomery BOCES SETRC
Fulton-Montgomery Community College
Route 67
Room L210
Johnstown, New York 12095
(518) 762-7754

Herkimer-Fulton-Hamilton-Otsego BOCES SETRC
Gros Boulevard
Herkimer, New York 13350
(315) 867-2082

Jefferson-Lewis-Hamilton-Herkimer-Oneida
BOCES SETRC
North Junior High School
171 East Hoard Street
Watertown, New York 13601
(315) 782-9229

Livingston-Steuben-Wyoming BOCES SETRC
Holcomb Building
Geneseo, New York 14454
(716) 243-5470

Madison-Oneida BOCES SETRC
Spring Road
Verona, New York 13478
(315) 363-8000

Monroe #1 BOCES SETRC
41 O'Connor Road
Fairport, NY 14450
(716) 377-4660 Ext. 580

Monroe-Orleans #2 BOCES SETRC
3599 Big Ridge Road
Spencerport, New York 14559
(716) 352-2443

Nassau County BOCES SETRC
Rosemary Kennedy Center
2850 North Jerusalem Road
Wantagh, New York 11793
(516) 781-4044 Ext. 270-1-2

New York City SETRCs
New York City Board of Education
Central Office – Room 431
High School Office – Room 237M*
110 Livingston Street
Brooklyn, New York 11201
(718) 596-5852
*(718) 596-4193

Region I SETRC
P.S. 79
55 East 120th Street
New York, NY 10027
(212) 534-6500 Ext. 45

Region II SETRC
P.S. 192
650 Hollywood Avenue
Bronx, NY 10465
(212) 822-5777

Region III SETRC
360 36th Street
Brooklyn, NY 11232
(718) 965-4800

Region IV SETRC
P.S. 199
1100 Elm Street
Brooklyn, NY 11230
(718) 645-6566

Region IV SETRC
211 Daniel Low Terrace
Staten Island, NY 10301
(718) 448-9600

Region V SETRC
P.S. 213
231-02 67 Avenue
Bayside, NY 11364
(718) 428-6602

Oneida-Herkimer-Madison
BOCES SETRC
Box 70-Middle Settlement Road
New Hartford, New York 13413
(315) 768-4614 or 768-4605

Onondaga-Madison BOCES SETRC
P.O. Box 4754
Syracuse, New York 13211
(315) 433-2645

Ontario-Seneca-Yates-Cayuga-Wayne
BOCES SETRC
Finger Lakes Educational Center
3501 County Road 20
Stanley, New York 14561
(716) 526-6410

Orange-Ulster BOCES SETRC
Gibson Road
Goshen, New York 10924
(914) 294-5431 Ext. 276

Orleans-Niagara BOCES SETRC
Charlottesville & Transit Rd.
Newfane, New York 14108
(716) 731-4176

Oswego BOCES SETRC
County Route 64
Mexico, New York 13114
(315) 963-3094

Otsego-Delaware-Schoharie-Greene BOCES SETRC
Rexmere Park
Stamford, New York 12167
(607) 652-7531 Ext. 29

Rensselaer-Columbia-Greene BOCES SETRC
Green Meadow School
1588 Schuurman Road
Castleton, New York 12033
(518) 477-8771

Rochester City SETRC
Central Administrative Offices
131 West Broad Street
Rochester, New York 14608
(716) 325-4560 Ext. 2710

Rockland BOCES SETRC
BOCES Media Center
Tappanzee Facility
Rte. 9W
Piermont, New York 10968
365-1450

St. Lawrence BOCES SETRC
Potsdam Central School
29 Leroy Street
Potsdam, New York 13676
(315) 265-2646

Saratoga-Warren BOCES SETRC
Myers Education Center
Henning Road
Saratoga Springs, New York 12866
(518) 584-3239

Schuyler-Chemung-Tioga BOCES SETRC
Broad Street School
Broad Street
Horseheads, New York 14845
(607) 739-3581 Ext. 341

Steuben-Allegany BOCES SETRC
Early Instructional Center
Route 415. RD #1, Box 82
Bath, New York 14810
(607) 776-4181

Suffolk #2 BOCES SETRC
Instructional Support Center
8 43rd Street
Centereach, New York 11720
(516) 467-3510

Sullivan BOCES SETRC
Ferndale Loomis Road
Box 391
Liberty, New York 12754
(914) 292-7500

Syracuse City SETRC
Teacher Center
907 Butternut Street
Syracuse, New York 13208
(315) 425-4623

Tompkins-Seneca-Tioga BOCES SETRC
555 South Warren Road
Ithaca, New York 14850
(607) 257-1551 Ext. 276

Ulster BOCES SETRC
175 Route 32 North
New Paltz, New York 12561
(914) 255-1402

Washington-Warren-Hamilton-Essex BOCES SETRC
Southern Adirondack Education Center
LaCrosse Street
Hudson Falls, New York 12839
(518) 793-7721 Ext. 219

Westchester-Putnam #1 BOCES SETRC
Pinesbridge Road, Walden School
Yorktown Heights, New York 10598
(914) 245-1050 or 245-2700

Westchester #2 BOCES SETRC
Learning Resource Center
Concord Road
Ardsley, New York 10502
(914) 693-7576

Yonkers City SETRC
Pupil Resource Center
Yonkers High School
150 Rockland Ave.
Yonkers, New York 10705
(914) 963-0592

Coordinating Office

New York State Education Department
Office for Education of Children with Handicapping Conditions
Division of Program Development
Room 1071 – Education Building
Albany, New York 12234
(518) 474-8917 or 474-2251

Appendix C

Checklist to Help Determine Suitability of Program Site

When designing your own facility, or renovating or assessing the suitability of an existing site, it may be helpful to check for the following:

FACILITY LOCATION	Yes	No	Comments
• Is the proposed site close to the child's home and/or parent's workplace?			
• Will nonhandicapped children be educated in the same facility?			
• Does the community or facility have the following services accessible:			
– medical services			
– transportation			
– library			
– places to visit such as fire station, industrial plant, etc.?			
BUILDING ENTRANCE			
• Does the building have vehicular access to entrance, without blocking major roadway or pedestrian traffic?			
• Can vehicles load and unload passengers close to the entrance?			
• Are there child-sized steps and handrails?			
• Are ramps provided, and if so, are they accessible?			
• Are the door openings wide and easy to push (25 pounds of force)?			
• Are glass doors and windows marked with brightly colored safety stickers?			
• Is sufficient parking space available for staff, parents and visitors?			

OVERALL INDOOR SPACE	Yes	No	Comments
• Are there enough areas to conduct your programs?			
– classroom(s)			
– therapy rooms or areas			
– outdoor play area			
– staff/office space			
– kitchen/or cooking area			
– meeting room			
– observation area			
– gym or large play room			
– adult and child bathroom facilities			
– sufficient storage space			

CLASSROOM

- Is the floor plan free from obstructions?
- Is lighting sufficient?
- Are bathroom facilities in child-size proportion for standing and wheelchair heights?
- Are the bathroom areas in the classroom or nearby?
- Is there a sink in the classroom?
- Can the classroom be arranged in different play areas and/or learning centers?
- Can diapers be changed in a safe and sanitary fashion?
- Is there enough storage space?
- Is there enough wall space?
- Will the floor plan allow for adult supervision to be provided to each child at all times?

OUTDOOR FACILITIES	Yes	No	Comments
• Is an outdoor play area available and accessible?			
• Is the area fenced?			
• Will playground equipment be secure?			
• Are there shady and sunny play areas?			
• Are there paved surfaces?			

ADAPTATIONS

- Do you need to lower fixtures (e.g., doorknobs, handrails, mirrors, toilets to child-sized heights)?
- Do you need to modify faucets, light switches, toilet flushers for physically handicapped and small children?
- Do you need to make structural changes such as building ramps, installing automatic doors, paving surfaces or widening doors?
- Have you considered modifications for handicapped staff members, adults or visitors?
- Have you projected the costs for such building adaptations and whether funds are available to make modifications?

Appendix D

Screening Instruments

ABC INVENTORY TO DETERMINE KINDERGARTEN AND SCHOOL READINESS, 1965

PUBLISHER:	Research Concepts 1368 E. Aiport Road Muskegon, Michigan 49444
AUTHOR:	N. Adair and G. Blesch
PURPOSE:	To determine school readiness
TIME:	8 to 9 minutes
AGE RANGE:	4-6 years of age
ITEM DESCRIPTION:	Test items involve language, reasoning, motor and school readiness. Tasks include drawing, copying, folding, counting, recalling of general information, recognizing colors, discriminating sizes, and understanding time concepts.
SCORING:	Relatively easy
STANDARDIZATION:	600 children entering school over a three-year period
RELIABILITY:	The manual states that reliability is based on the test score means of a group who took the test in 1962 and a group who took the test in 1964. No coefficients are reported.
VALIDITY:	Of the sample of 83 children who took the test and who were identified as probably having problems, 86% failed their first year of kindergarten.

THE BOYD DEVELOPMENTAL PROGRESS SCALE, 1974

PUBLISHER:	Inland Counties Regional Center, Inc. P.O. Box 6127 San Bernadino, California 92412
AUTHOR:	R.D. Boyd
PURPOSE:	To identify developmental skills
TIME:	10 to 20 minutes
AGE RANGE:	Birth to 8 years

AREAS OR SUBTESTS:	Motor, communication and self-sufficiency skills
SCORING:	Relatively easy
STANDARDIZATION:	From other tests and earlier research
VALIDITY:	.95 correlation with 1972 norms for the Stanford-Binet

CAROLINA DEVELOPMENTAL PROFILE, 1975

PUBLISHER:	Walker Educational Book Company 720 Fifth Avenue New York, NY 10019
AUTHOR:	D.L. Lillie and G. Harbin
PURPOSE:	To determine a child's developmental skills in all areas
TIME:	30 minutes
AGE RANGE:	2-5 years of age
AREAS OR SUBTESTS:	Gross motor, fine motor, visual perception, reasoning, receptive language, expressive language
SCORING:	Relatively easy; interpreted as a developmental age; checklist format
STANDARDIZATION:	Not reported
RELIABILITY:	Manual indicates that this is irrelevant, although the instrument has face reliability in assessing a child's behavior over time.
VALIDITY:	Manual indicates that this is irrelevant.

CCD DEVELOPMENTAL PROGRESS SCALE, 1969

PUBLISHER:	Inland Counties Regional Center, Inc. P.O. Box 6127 San Bernadino, CA 92408
TIME:	10-20 minutes
AGE RANGE:	Birth to 8 years of age
AREAS OR SUBTESTS:	Motor, interpersonal-communication, and self-sufficiency skills
ITEM DESCRIPTION:	There are 150 items which can be scored by direct observation or parent report. Verbal responses are required.

SCORING:	Relatively easy
STANDARDIZATION:	Not reported
RELIABILITY:	Reported as adequate
VALIDITY:	Concurrent and face validity are reported as greater than .75.

COMMUNICATIVE EVALUATION CHART FROM INFANCY TO 5 YEARS, 1963

PUBLISHER:	Educator's Publishing Services, Inc. 75 Moulton Street Cambridge, Mass. 02138
AUTHOR:	R.M. Anderson, M. Miles and P.A. Matheny
PURPOSE:	To detect childhood communicative disabilities
TIME:	Observations made at six-month intervals
AGE RANGE:	3 months to 5 years of age
AREAS OR SUBTESTS:	Language and performance
ITEM DESCRIPTION:	The test is a 4-page checklist of developmental tasks.
SCORING:	Relatively easy and reported as chronological ages.
STANDARDIZATION:	Not available
RELIABILITY:	Not available
VALIDITY:	Not available

COMPREHENSIVE IDENTIFICATION PROCESS (CIP), 1975

PUBLISHER:	Scholastic Testing Service, Inc. 480 Meyer Road Bensenville, ILL. 60106
AUTHOR:	R. R. Zehrbach
PURPOSE:	To identify preschool children in need of special education, medical or habilitative services
TIME:	35 to 40 minutes
AGE RANGE:	2.5 to 5.5 years of age

AREAS OR SUBTESTS:	Cognitive-verbal, fine motor, gross motor, speech and expressive language, hearing, vision, social/affective and medical history
SCORING:	Relatively easy
STANDARDIZATION:	142 3-5 year old, white, middle class children from a small midwest rural community
RELIABILITY:	Not reported
VALIDITY:	90% of children who tested as having problems, had special needs when diagnosed by a comprehensive evaluation.

DENVER DEVELOPMENTAL SCREENING TEST (DDST), 1975

PUBLISHER:	Lacoda Project and Publishing Foundation East 51st Street and Lincoln Street Denver, Colorado 80214
AUTHOR:	W.K. Frankenburg and L.B. Dodds
PURPOSE:	To detect children who have developmental delays
TIME:	20 minutes
AGE RANGE:	6 weeks to 6.4 years of age
AREAS OR SUBTESTS:	Personal-social, fine motor-adaptive, language and gross motor skills
ITEM DESCRIPTION:	The DDST consists of 105 developmental normed items.
SCORING:	Relatively easy. Individual items are scored as either pass, pass by report, refusal, no opportunity to observe, or fail. The DDST determines the individual to be normal, abnormal, questionable, or untestable.
STANDARDIZATION:	1,036 Denver area children from 2 weeks to 6.4 years of age.
RELIABILITY:	Data indicate a test-retest reliability of .97 and an interobserver reliability of .90.
VALIDITY:	A .97 correlation with the Yale Developmental Examination. A positive correlation between DDST scores and IQs is also reported.

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE (PDQ), 1977

PUBLISHER:	Lacoda Project and Publishing Foundation East 51st and Lincoln Street Denver, Colorado 80216
AUTHOR:	W.K. Frankenburg, W.J. Van Doornick, T.N. Liddell, N.P. Dick
PURPOSE:	To find individuals who should be more thoroughly screened by the Denver Developmental Screening Test. It is estimated that 30% of the children who take the PDQ will need to take the DDST.
TIME:	5-15 minutes
AGE RANGE:	3 months to 6 years of age
AREAS OR SUBTESTS:	Personal-social, fine motor-adaptive, language and gross motor skills
SCORING:	Relatively easy
STANDARDIZATION:	1,027 physicians and public health personnel and 1,115 parents
VALIDITY:	The Denver PDQ takes its validity from the DDST.

DEVELOPMENTAL ACTIVITIES SCREENING INVENTORY (DASI), 1977

PUBLISHER:	Teaching Resources Corporation 50 Pond Park Road Hingham, MA 02043
AUTHOR:	R.F. DuBose and M.B. Langley
TIME:	25-30 minutes
AGE RANGE:	6-60 months of age
AREAS OR SUBTESTS:	Fine motor, imitative behavior, identification, classification, matching, number concepts and response to commands.
ITEM DESCRIPTION:	Nonverbal developmental tasks
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

DEVELOPMENTAL GUIDELINES

PUBLISHER:	University of Illinois Press Urbana, Illinois 61801
AUTHOR:	M. Karnes
PURPOSE:	To determine if child is progressing normally or if further diagnostic evaluation is needed
AGE RANGE:	3 to 6 years
AREAS OR SUBTESTS:	Gross motor, fine motor, cognitive-linguistic-verbal, self-help and social skills
SCORING:	Relatively easy
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

DEVELOPMENTAL KEY FOR ASSESSING CHILDREN'S GROWTH, 1974

PUBLISHER:	Frank Porter Graham Child Developmental Center University of North Carolina Chapel Hill, North Carolina 27514
PURPOSE:	To assess a child's growth on a listing of behaviors and stages of development
TIME:	10-15 minutes
AGE RANGE:	Preschool to first grade
AREAS OR SUBTESTS:	Social skills, attending skills, language development, emotional development, physical skills and conceptual skills
ITEM DESCRIPTION:	Information gained from the Developmental Key is partly from long-term observation and partly from specific tasks.
SCORING:	Relatively easy
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

DEVELOPMENTAL PROFILE, 1972

PUBLISHER:	Psychological Development Publications 7150 Lakeside Drive Indianapolis, IN 46278
PURPOSE:	To estimate a child's developmental level in 5 skill areas
TIME:	30-40 minutes
AGE RANGE:	6 months to 12 years of age
AREAS OR SUBTEST:	Physical, self-help, social, academic and communication skills
SCORING:	Relatively easy; by parent interview
STANDARDIZATION:	3,008 children ages 6 months to 12 years old. Age norms are established on 6-month intervals for ages 6 months to 3.5 years. After age 3.5 the age norms are set at 1 year intervals.
RELIABILITY:	Said to be very high, though a coefficient is not reported.
VALIDITY:	Construct validity is reported as .87.

LEXINGTON DEVELOPMENTAL SCALE, 1975

PUBLISHER:	United Cerebral Palsy of the Bluegrass Child Development Center P.O. Box 8003 465 Springhill Drive Lexington, Kentucky 40503
PURPOSE:	To assess a child's status; designed for use with any child exhibiting slowness in development
TIME:	30 to 45 minutes
AGE RANGE:	Birth through 6 years
AREAS OR SUBTESTS:	Motor, language, cognitive, personal and social and emotional
SCORING:	Relatively easy; expressed by developmental age
STANDARDIZATION:	33 preschool children
RELIABILITY:	Spearman-Brown: motor .99; language .99; personal and social .94; cognitive .99; and emotional .99.
VALIDITY:	Not established

THE McCARTHY SCREENING TEST (MST)

PUBLISHER:	The Psychological Corporation 757 Third Avenue New York, New York 10017
AUTHOR:	D. McCarthy
PURPOSE:	To identify children who are likely to encounter difficulties in coping with school
TIME:	20 minutes
AGE RANGE:	4-6.5 years of age
AREAS OR SUBTESTS:	Language and concepts, visual perception, auditory memory, fine and gross motor coordination and orientation in space
SCORING:	Relatively easy
STANDARDIZATION:	The MST gets its normative information from the McCarthy Scales of Children's Abilities. These norms come from a nationwide sample of normal children. The sample was stratified on the basis of age, sex, color, geographic region and father's occupation.
RELIABILITY:	Test-retest reliability ranges from .32 – .69

MEMPHIS COMPREHENSIVE DEVELOPMENTAL SCALE, 1973

PUBLISHER:	Lear Siegler/Fearon Publishers 6 Davis Drive Belmont, California 94002
PURPOSE:	To gather information about a child's developmental levels
AGE RANGE:	3 months to 5 years
AREAS OR SUBTESTS:	Personal-social, gross motor, fine motor, language and perceptual-cognitive attainment
SCORING:	Relatively easy
STANDARDIZATION:	Not reported
VALIDITY:	Not reported
RELIABILITY:	Not reported

PRESCHOOL ATTAINMENT RECORD, 1966

PUBLISHER:	American Guidance Service, Inc. Publishers' Building Circle Pines, Minnesota 55014
AUTHOR:	E. A. Doll
PURPOSE:	To measure physical, social, mental and language skills
TIME:	20 to 30 minutes
AGE RANGE:	6 months to 7 years of age
AREAS OR SUBTESTS:	Physical, social, mental and language attainment
SCORING:	Relatively easy; by parent interview
RELIABILITY:	Not reported
VALIDITY:	Not reported

PRESCHOOL SCREENING SYSTEM, 1974

PUBLISHER:	P. Hainsworth and R. Hainsworth Box 1635 Pawtucket, Rhode Island 02862
PURPOSE:	To provide a quick method for surveying the learning skills of preschool children
TIME:	15-20 minutes
AGE RANGE:	3-6 years of age
AREAS OR SUBTESTS:	Physical motor, perceptual, cognitive, speech and language skills
ITEM DESCRIPTION:	The parent is asked to fill out a questionnaire which requests information about the behavior, medical and developmental history of the child.
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

RAPID DEVELOPMENT SCREENING CHECKLIST, 1972

PUBLISHER:	Committee on Children with Handicaps, American Academy of Pediatrics, New York Chapter 3, District II The Mental Retardation Institute New York Medical College Valhalla, New York 10595
AUTHOR:	M.J. Giannini, E. Chasid, et al.
PURPOSE:	To determine a child's developmental strengths and weaknesses
TIME:	2 to 3 minutes
AGE RANGE:	1 month to 5 years
SCORING:	Relatively easy
STANDARDIZATION:	1,542 children
VALIDITY:	79% of children with 3 or more "no" responses were considered as having likely developmental lags.

REVISED DENVER DEVELOPMENTAL SCREENING TEST (DDST-R) 1978

PUBLISHER:	Lacoda Project and Publishing Foundation East 51st Street and Lincoln Street Denver, Colorado 80214
AUTHOR:	W. F. Frankerburg and L. B. Dodds
PURPOSE:	To detect children who have developmental delays.
TIME:	5 to 7 minutes
AGE RANGE:	6 weeks to 6.4 years of age
AREAS OR SUBTESTS:	Personal-social, fine motor-adaptive, language and gross motor skills.
ITEM DESCRIPTION:	The DDST-R consists of the same 105 developmental items that are in the Denver Developmental Screening Test (DDST).
SCORING:	Relatively easy. Items are scored only as passed. If child misses any items the full DDST should be given.
STANDARDIZATION:	The DDST-R gets its normative information from the DDST.

RELIABILITY:	.98 correlation between DDST and DDST-R.
VALIDITY	The DDST-R gets its information on validity from the DDST.

THE REVISED DEVELOPMENTAL SCREENING INTERVIEW, 1980

PUBLISHER:	Department of Pediatrics Albany Medical College Albany, NY 12208
AUTHOR:	H. Knobloch, F. Stevens and A.F. Malone
PURPOSE:	To determine if a child is functioning at age level or if any abnormalities which require further assessment exist.
TIME:	15-30 minutes
AGE RANGE:	1 to 26 months
AREAS OR SUBTESTS:	Gross motor, fine motor, adaptive, language, and personal-social skills
ITEM DESCRIPTION:	Items are based on the Revised Gesell and Amatruda Developmental Scales.
SCORING:	Relatively easy; children determined to be developmentally normal, questionable or abnormal.
STANDARDIZATION:	526 infants
RELIABILITY:	Underscreening of those with major abnormalities was reported as 2.6% and overscreening was reported as 6%

RILEY PRESCHOOL DEVELOPMENTAL SCREENING INVENTORY, 1969

PUBLISHER:	Western Psychological Services Box 775 Beverly Hills, CA 90213
AUTHOR:	C.M.D. Riley
PURPOSE:	To identify children who may have serious problems and need professional help
TIME:	3-10 minutes
AGE RANGE:	3-6 years of age
AREAS OR SUBTESTS:	Visual perception, motor, school readiness and self-concept

SCORING:	Relatively easy
STANDARDIZATION:	600 low income children from Los Angeles County
RELIABILITY:	Not reported
VALIDITY:	Not reported

SLOSSON INTELLIGENCE TEST, 1961

PUBLISHER:	Slosson Educational Publications 740 Pine Street East Aurora, New York 14052
AUTHOR:	R.L. Slosson
PURPOSE:	To provide screening information
TIME:	10-20 minutes
AGE RANGE:	1 month to adulthood
AREAS OR SUBTESTS:	Language, fine motor, gross motor, reasoning
ITEM DESCRIPTION:	There is a heavy emphasis on language throughout. All but items for the very young are given orally.
SCORING:	Relatively easy
STANDARDIZATION:	Children and adults from rural and urban areas of New York State. The age, sex, socioeconomic and ethnic background of the sample are not reported.
RELIABILITY:	A .97 test-retest reliability is reported for 139 individuals, 4 to 50 years
VALIDITY:	Correlates with Stanford-Binet, form L-M.

VINELAND SOCIAL MATURITY SCALE, 1965

PUBLISHER:	American Guidance Service, Inc. Publishers' Building Circle Pines, Minnesota 55014
AUTHOR:	E.A. Doll
PURPOSE:	To assess social competence
TIME:	20 to 30 minutes
AGE RANGE:	Birth to 30 years of age
AREAS OR SUBTESTS:	Self-help (general eating and dressing), self-direction, occupation, communication, locomotion and socialization
SCORING:	By parental interview
STANDARDIZATION:	620 white subjects from the Vineland, New Jersey area; 20 at each age level; normed in 1935.
RELIABILITY:	Test-retest with 1.35 years between test coefficients .99 to .94
VALIDITY:	Agreement between parents and educators is reported as .92

Appendix E

Assessment Instruments

AAMD ADAPTIVE BEHAVIOR SCALE: INSTITUTIONAL VERSION

PUBLISHER:	American Association on Mental Deficiency
AUTHOR:	K. Nihira, R. Foster, M. Shellhaas and H. Leland
PURPOSE:	To assess appropriate and inappropriate life skill behaviors of mentally retarded and emotionally maladjusted individuals.
TIME:	15 to 20 minutes
AGE RANGE:	3 to 69 years
ITEM DESCRIPTION:	Part I consists of items grouped into ten domains: independent functioning, physical development, economic activity, language development, number and time concepts, occupation-domestic, occupation-general, self-direction, responsibilities, socialization. Part II consists of forty-five items grouped into fourteen domains: violent and destructive behavior, antisocial, rebellious behavior, untrustworthy behavior, withdrawn, stereotyped behavior, odd mannerisms, inappropriate interpersonal manners, inappropriate vocal habits, unacceptable or eccentric habits, self-abuse behavior, hyperactivity, sexually aberrant behavior, psychological disturbance and use of medication.
SCORING:	Easy. The scoring system provides raw scores in the 24 behavior domains and some raw scores at the subdomain level.
STANDARDIZATION:	4,000 institutionalized retarded in 68 institutions.
RELIABILITY:	The reliability of the 1975 Revised Education of the AAMD Adaptive Behavior Scale was assessed by administration of the instrument to 133 residents at three State training schools. The mean Inter-rater Reliabilities of Part I Domain scores were estimated by Pearson product-moment correlations ranging from .93 for physical development to .71 for self-direction. The mean reliabilities for Part II ranged from .37 for unacceptable vocal habits to .77 for use of medications.
VALIDITY:	Part I significantly discriminated children who had previously been classified by clinical judgements.

ASSESSMENT OF CHILDREN'S LANGUAGE COMPREHENSION

PUBLISHER:	Consulting Psychologists Press, Inc. 577 College Avenue Palo Alto, California 94306
AUTHOR:	R. Foster, J. Giddan, and J. Stark
PURPOSE:	To measure the ability of nonverbal and language disorder children to understand, without having to produce language.
TIME:	10 to 15 minutes
AGE RANGE:	3 to 7 years
ITEM DESCRIPTION:	The test has one level, with two forms for group or individual administration. Subtests are divided into four parts by difficulty of linguistic construction.
SCORING:	Moderate
STANDARDIZATION:	311 nursery, kindergarten and first grade school children from a mixed socioeconomic group.
RELIABILITY:	Odd-even reliability for vocabulary items is reported as .80 to .86.
VALIDITY:	None reported

THE BASIC CONCEPT INVENTORY
(Field Research Edition)

PUBLISHER:	Follett Publishing Company 1010 West Washington Boulevard Chicago, Illinois 60607
AUTHOR:	S. Engelmann
PURPOSE:	To measure basic concepts for culturally disadvantaged, slow learners, emotionally disturbed and mentally retarded children.
TIME:	30 to 60 minutes
AGE RANGE:	Preschool through third grade
ITEM DESCRIPTION:	The test has one level which includes subtests of basic concepts, statement repetition, comprehension and pattern awareness.
SCORING:	Easy

STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

THE BAYLEY SCALES OF INFANT DEVELOPMENT (BSID)

PUBLISHER:	The Psychological Corporation 757 Third Avenue New York, NY 10017
AUTHOR:	N. Bayley
PURPOSE:	To individually assess infants in the areas of visual and auditory stimuli, manipulation and play with objects and social interaction.
TIME:	45 minutes
AGE RANGE:	2 to 30 months
ITEM DESCRIPTION:	The instrument consists of 163 items in 3 subparts: mental scale, motor scale and infant behavior record.
SCORING:	Moderate. Scoring is expressed by a Mental Development Index and Psychomotor Development Index.
STANDARDIZATION:	1,262 children between the ages of 2 months and 30 months controlled for sex, color, urban or rural, and education of the head of the household.
RELIABILITY:	Split-half median = .84; test-retest with one week interval mean = 76.4.
VALIDITY:	Scale r – .47 to .57 Correlation with Stanford-Binet Intelligence.
ADDITIONAL COMMENTS:	The BSID Modifications for Youngsters with Handicapping Conditions (Hoffman 1974), may be utilized for evaluating infants with handicapping conditions. Standard testing procedures are modified to allow varying positioning of the child, participation of other persons, and/or use of equipment that allows the child to demonstrate understanding of the required task. Administration of the modification takes from 10 to 90 minutes.

BIRTH – THREE DEVELOPMENTAL SCALE
(Early Childhood Education for Handicapped Children)

PUBLISHER:	Teaching Resources 100 Boylston Street Boston, Massachusetts 02116
AUTHOR:	T. Bangs
PURPOSE:	To indicate a child's present developmental level in language reception, language expression, problem solving, social and motor areas. May be used with language-delayed, learning-disabled and hearing-impaired children.
TIME:	Varied
AGE RANGE:	Birth to 36 months
ITEM DESCRIPTION:	This is an individually administered diagnostic instrument. There are 18 items in each subtest, arranged with 3 items for each 6 month interval. It is recommended that the data obtained from the scale be coupled with a case history and observed behaviors.
SCORING:	Easy. The total score for each category is computed by adding all plus part scores to the basal age. This score becomes the developmental age for the child.
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

BOEHM TEST OF BASIC CONCEPTS

PUBLISHER:	The Psychological Corporation 757 Third Avenue New York, NY 10017
AUTHOR:	A. E. Boehm
PURPOSE:	To assess the child's beginning school knowledge of basic concepts.
TIME:	15 to 20 minutes
AGE RANGE:	Preschool through third grade

ITEM DESCRIPTION:	This individually or group-administered measure has two forms to test 50 basic concepts of space (location, direction, orientation, and dimension), time and quantity (numbers).
SCORING:	Easy
STANDARDIZATION:	A representative sample of children from five cities in the western, south-midwestern, southeastern and northeastern regions of the United States, controlled for socioeconomic class.
RELIABILITY:	Split-half from .68 to .90
VALIDITY:	No validity other than face validity is presented.

THE BRIGANCE DIAGNOSTIC INVENTORY OF EARLY DEVELOPMENT

PUBLISHER:	Curriculum Associates, Inc. 5 Esquire Road North Billerica, Massachusetts
AUTHOR:	A.H. Brigance
PURPOSE:	To assess the child's functional developmental levels in a number of areas and provide information for instructional goal planning and child and program evaluation. It provides a profile of mastered and unmastered skills which are used to identify the child's strengths and weaknesses. These become the basis for developing appropriate instructional objectives.
TIME:	Not reported for total administration. Required time for administration is noted per item. Some sections have no time requirements.
AGE:	Birth through 6 years
ITEM DESCRIPTION:	This criterion-based measure in a flip-card ring notebook format is the first of three batteries of the Brigance Diagnostic Inventories. It assesses 98 skill sequences in the following functional domains and subdomains: preambulatory motor skills, gross and fine motor skills and behaviors, self-help skills, prespeech behaviors, speech and language skills, general knowledge and comprehension, readiness, basic reading, writing and math skills.
SCORING:	Moderate. The inventory assesses observable behavior or products. Each item is scored objectively according to specific criteria provided. Test administrator circles tasks successfully completed and is asked to comment upon the quality of the child's performance.

STANDARDIZATION:	The measure has been norm referenced by consulting several texts in which age norms for accomplishing skills are published.
RELIABILITY:	Not reported
VALIDITY:	Not reported

BZOCH-LEAGUE RECEPTIVE – EXPRESSIVE EMERGENT LANGUAGE SCALE: FOR THE MEASUREMENT OF LANGUAGE IN INFANCY

PUBLISHER:	University Park Press 233 East Redwood Street Baltimore, Maryland 21202
AUTHOR:	K.R. Bzoch and R. League
PURPOSE:	To individually assess children's level of language development. It is intended to be used with developmentally disabled and mentally retarded children.
TIME:	10 to 15 Minutes
AGE RANGE:	Birth to 36 months
ITEM DESCRIPTION:	The tests consist of 132 choice items of a behavioral nature, all of which can be answered with a yes or no response. The test can be used with the parent as respondent so that speech need not be required of the child in the test situation.
SCORING:	Easy
STANDARDIZATION:	Children from known normal environments, middle class socioeconomic status, all racial-cultural groups sampled.
RELIABILITY:	Reliability coefficient is .91 with little variation with repeated measure.
VALIDITY:	Correlates very highly with the Verbal Standard Language Test.

CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE

PUBLISHER:	Counseling Psychologists Press, Inc. 577 College Avenue Palo Alto, California 94306
AUTHOR:	S. Levine, F. Elzey and M. Lewis

PURPOSE:	The scale is to be used as a tool for diagnosis, placement or measurement of developmental progress and social competency of preschool children.
TIME:	Untimed
AGE RANGE:	2 years, 6 months to 5 years, 6 months
ITEM DESCRIPTION:	A 30 item rating scale to obtain numerical evaluations of social competency of preschool children.
SCORING:	Easy
STANDARDIZATION:	The scale was standardized on a population derived from 9 areas throughout the United States controlling for sex, age and occupational level.
RELIABILITY:	Odd-even reliability ranged from .90 to .98. Inter-rater reliability ranged from .75 to .86.
VALIDITY:	Not reported

CALLIER-AZUSA SCALES: ASSESSMENT OF DEAF-BLIND CHILDREN

PUBLISHER:	Callier Center for Communications Disorders University of Texas at Dallas and Council for Exceptional Children Reston, Virginia
AUTHOR:	R. Stillman, Editor
PURPOSE:	To provide a measure of the developmental level of children for whom other measures of assessment are considered inappropriate because of language requirements or intact sensory modalities; to provide information in developing a child's individual program and to provide information regarding the child's progress over time for program evaluation.
TIME:	Approximately 2 weeks of observation of the child is needed to complete the measure.
AGE RANGE:	Birth to 9 years; however, other assessment measures should be used in conjunction with this measure for children functioning above the 6 or 7 year level.
ITEM DESCRIPTION:	The instrument is used to assess five areas: motor development, perceptual development, daily living skills, language development and socialization. Each of the subscales is arranged in sequential developmental milestones.

SCORING:	Moderate. Administration and scoring are based on informal observation of the child's classroom behavior. Five criteria and examples are noted in the manual to determine if the child has attained a specific step on a subscale.
STANDARDIZATION:	Staff members at the Callier Center, Texas, compiled the scale using observable developmental milestones among the deaf-blind children served there. Following classroom testing and revisions, the scale was field tested in the Callier, Texas region. Seventy teachers included in the sample reported that the scale was most effective when used with lower functioning, deaf-blind and multihandicapped children.
RELIABILITY:	Not reported
VALIDITY:	Not reported

CARROW ELICITED LANGUAGE INVENTORY

PUBLISHER:	Teaching Resources 100 Boylston Street Boston, Massachusetts 02116
AUTHOR:	E. Carrow-Woolfolk
PURPOSE:	The inventory is designed for use with handicapped and preschool children to identify those with language problems. It can be used to determine the linguistic structures that contribute to the child's language problem.
TIME:	5 minutes
AGE RANGE:	3 to 8 years
ITEM DESCRIPTION:	Consists of 52 stimuli including 51 sentences and 1 phrase ranging from 2 to 10 words. The tests cover 12 grammatical categories and 5 error types.
SCORING:	Easy
STANDARDIZATION:	475 Anglo children, 3 years to 7 years, 11 months.
RELIABILITY:	Correlation coefficients ranging from .98 to .99.
VALIDITY:	Concurrent validity .62: P = .001 difference between normal and language-handicapped children.

CASSEL DEVELOPMENTAL RECORD (CDR)

PUBLISHER:	Psychologists' and Educators' Press 419 Pendick Street Jacksonville, Illinois 62650
AUTHOR:	R.N. Cassel
PURPOSE:	To provide a short summary of a person's personal development when it is used over a period of years.
TIME:	Not reported
AGE RANGE:	Birth to Death
ITEM DESCRIPTION:	There are 6 subtests: psychological, emotional, psychosexual, intellectual, social and educational.
SCORING:	Moderate. All information is gathered through interviews, observations, school records and tests.
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not applicable

CIRCUS

PUBLISHER:	Addison-Wesley Testing Service South Street Reading, Massachusetts 01867
AUTHOR:	Educational Testing Service Princeton, New Jersey
PURPOSE:	To assess children in a number of school-related skill areas.
TIME:	Not available
AGE RANGE:	4 to 5 years

ITEM DESCRIPTION:	This group-administered instrument has a level for nursery/kindergarten testing and for kindergarten/1st grade testing. Each consists of 14 subtests which include: receptive vocabulary, quantitative concepts, visual discrimination, perceptual motor coordination, letter and numeral recognition and discrimination, auditory discrimination, aspects of functional language, comprehension, interpretation, and discrimination of real-world sounds. Other items address recall of oral language – productive language – general information – visual and associative memory – problem solving and divergent pictorial production. Responses are nonverbal. Child is required to mark the picture of the correct answer.
SCORING:	Easy
STANDARDIZATION:	2,000 kindergarten and 1,000 nursery children from a cross-socioeconomic status. Test norms underrepresented children in Southeast, cities over 50,000 and black children.
RELIABILITY:	Not reported
VALIDITY:	Not reported

COLUMBIA MENTAL MATURITY SCALE, THIRD EDITION

PUBLISHER:	The Psychological Corporation 757 Third Avenue New York, NY 10017
AUTHOR:	B. B. Burgemeister, L. Hollander-Blum and I. Lorge
PURPOSE:	To assess general reasoning ability by requiring a child to make visual-perceptual discriminations in order to classify and relate series of pictures, colors, forms and symbols. It was designed for use with nonverbal children and is suitable for use with preschool children or with children having impaired physical or verbal functioning. The scale has been used with deaf children and is reported to be beneficial as an intelligence measure with this group.
TIME:	15 to 30 Minutes
AGE RANGE:	3.5 years to 10 years
ITEM DESCRIPTION:	This test is an individually administered nonverbal measure which requires a minimal motor response. Scale consists of 92 items arranged in 8 overlapping levels, with the level to be administered determined by the child's chronological age.

SCORING:	Moderate
STANDARDIZATION:	The CMMS was standardized on 2600 children stratified on the basis of geographic region, race, parental occupation and sex.
RELIABILITY:	The test manual reports internal-consistency coefficients ranging from .85 to .91 and test-retest reliability for three different age groups ranging from .84 to .86.
VALIDITY:	The CMMS scores of 353 children in grades 1 through 3 in a single school system correlated .62 to .69 with their scores on the Otis-Lennon Mental Ability Test and .67 with their scores on the Stanford-Binet.

COOPERATIVE PRESCHOOL INVENTORY, REVISED EDITION

PUBLISHER:	Addison-Wesley Testing Service South Street Reading, Massachusetts 01867
AUTHOR:	B. M. Caldwell
PURPOSE:	To provide an indicator of a child's level of development prior to formal instruction in a variety of basic skills and concepts regarded as necessary for school success. It is an individually administered instrument designed for use with disadvantaged children.
TIME:	15 Minutes
AGE RANGE:	3 to 6 years
ITEM DESCRIPTION:	Consists of 64 items assessing information about the child's personal world, personal and social responsiveness, associative vocabulary, number concepts, awareness of sensory attributes and ability to execute visual-motor configuration.
SCORING:	Easy
STANDARDIZATION:	Based on 11 Head Start programs with 1700 children in 5 age groups including 50 percent male, 50 percent female; 68 percent black; 16 percent white, 6 percent Mexican American; 5 percent Polynesian, and 4 percent other.
RELIABILITY:	Kuder Richardson – 20 reliability coefficients for age ranged from .86 to .92.
VALIDITY:	Concurrent validity ranged from .39 to .65.

DEVELOPMENTAL PROFILE

PUBLISHER:	Psychological Development Publications P.O. Box 3198 Aspen, Colorado 81611
AUTHOR:	G. D. Alpern and T. Boll
PURPOSE:	To provide a multidimensional scale of children's development which may be used with developmentally delayed children.
TIME:	30 to 40 Minutes
AGE RANGE:	Birth to 12 years
ITEM DESCRIPTION:	There are 217 items arranged by age into five scales: physical age, self-help, social, academic and communication. It is designed as an individual measure which uses interview techniques; however, items can also be directly administered.
STANDARDIZATION:	The scale was standardized on 3,008 children, forty-one to sixty-three of each sex in each age interval. Only children of normal intelligence were included in the sample. Eighty-four percent of the sample was white, 14 percent black and two percent Asian or mixed. Social class estimated by the occupation of the head of the household was distributed as follows: 9 percent lower class, 80 percent middle class and 11 percent upper class.
RELIABILITY:	No data regarding internal consistency on stability are presented.
VALIDITY:	Criterion validity was established by comparing the results of interviews of mothers with the actual performance of their children for 197 of the scale items. The 100 children ranged in age from 3 months to 12 years. There was 84 percent agreement. The authors also present correlations with the Stanford-Binet to support the validity of the instrument's IQ Equivalents (IQE). For one sample the IQE and Stanford-Binet correlated .85, in another, .49.

DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION (VMI)

PUBLISHER:	Follett Publishing Company 1010 West Washington Boulevard Chicago, Illinois 60607
AUTHOR:	K. E. Beery and N. A. Buktenica
PURPOSE:	To assess a pupil's visual perception and motor coordination.

TIME:	15 to 20 Minutes
AGE RANGE:	2 to 15 years
ITEM DESCRIPTION:	This individual or group-administered diagnostic instrument is made up of 2 forms. The long form contains 24 geometric forms that a pupil is asked to copy reflecting problems in visual perception, hand control and coordination between the two. The short form, for ages two to eight years, contains only the first 15 items of the long form.
SCORING:	Easy
STANDARDIZATION:	Information about the standardization of the VMI is included in a separate publication entitled "Visual-Motor Integration" (Beery 1967). The author reports that three samples, a middle-class suburban group, a rural group and a lower middle class urban group made up the standardization group. A total of 1,039 children participated in the normative sample.
RELIABILITY:	To establish interscorer reliability, an analysis was made of the raw scores for ten subjects selected at random from a class for the mentally retarded. The reliability coefficients for the ratings of three judges was .98. Two week test – retest reliability for 171 children was .83 for boys and .87 for girls. Studies by investigators other than the author reported reliabilities ranging from .80 to .85.
VALIDITY:	Correlation between VMI Sources and CA is .89 for the 2 to 15 age group.

EARLY INTERVENTION DEVELOPMENTAL PROFILE (EIDP)

PUBLISHER:	University of Michigan Press Ann Arbor, Michigan
AUTHORS:	S.J. Rogers, D.B. D'Eugenio, S.L. Brown, C.M. Donovan and E.W. Lynch
PURPOSE:	To provide descriptive information of the developmental functioning of handicapped and nonhandicapped children. Suggested activities for stimulation are provided based on the child's identified strengths and weakneses, with adaptive activities for handicapped children.
TIME:	Not reported
AGE RANGE:	Birth to 36 months

ITEM DESCRIPTION:	This criterion-based assessment measure consists of six subscales including: perceptual/fine motor, cognition, language, social/emotional, self-care, and gross motor.
SCORING:	Moderate. A simple scoring format is used to indicate emerging skills and omitted items to establish a basal-ceiling level and representative age ranges to describe functioning.
STANDARDIZATION:	Although the EIDP is not a norm-referenced measure, assignment of tasks to specific age-range levels was done by calculating averages of item placement from other traditional scales or child development research.
RELIABILITY:	Limited reliability studies note correlations in the .77 – .98 range.
VALIDITY:	High congruence is noted with instruments such as the Bayley and Vineland.

THE EMI ASSESSMENT SCALE

PUBLISHER:	The Education for Multihandicapped Infant Project The University of Virginia Department of Pediatrics University of Virginia Charlottesville, VA 22901
AUTHOR:	W. B. Elder
PURPOSE:	To determine the child's developmental age or functioning level in the following skill areas: gross motor, fine motor, social, cognitive and language. The instrument is designed for handicapped children with cerebral palsy, Down's Syndrome, Spina Bifida or developmental delay.
TIME:	30 to 45 Minutes.
AGE RANGE:	1 Month through 2 years
ITEM DESCRIPTION:	This individually administered diagnostic instrument contains the following subtests: gross motor, fine motor, social skills, cognitive and language.
SCORING:	Easy
RELIABILITY:	Not available
VALIDITY:	Not available

ENVIRONMENTAL LANGUAGE INVENTORY

PUBLISHER:	Charles E. Merrill Publishing Company 1300 Alum Creek Drive Columbus, Ohio 43216
AUTHOR:	J. D. McDonald
PURPOSE:	To assess the sentence types in play, conversation and imitation of preschool severely handicapped children.
TIME:	20 to 30 Minutes
AGE RANGE:	2 to 6 years
ITEM DESCRIPTION:	This individually administered diagnostic measure contains three subtests for conversation, imitation and play.
SCORING:	Difficult
STANDARDIZATION:	More than 300 children seen at Nisonger Center.
RELIABILITY:	Not reported
VALIDITY:	No statistical analysis performed.

GOLDMAN-FRISTOE TEST OF ARTICULATION

PUBLISHER:	American Guidance Service, Inc. Publishers' Building Circle Pines, Minnesota 55014
AUTHOR:	R. Goldman and M. Fristoe
PURPOSE:	To assess the child's articulation of phonemes.
TIME:	10 to 15 minutes for sound-in-words subtest. Time is variable on the other two subtests. The full test is usually administered in more than one session.
AGE RANGE:	Preschool and older
ITEM DESCRIPTION:	Contains 3 subtests; sound-in-words, sound-in-sentences and stimulability.
SCORING:	Difficult. Clinician is required to make judgements of correctness between phonemes within one word.
STANDARDIZATION:	38,884 children aged 6 to 16+, for sound-in-words subtest and stimulability subtest.

RELIABILITY: The percent agreement method (the number of agreements divided by the number of total chances to agree) was used in reporting three types of reliability. The ratings used to estimate reliability were provided by experienced speech clinicians. High test-retest reliability (1 week interval) for each speech sound was found, with the median reliability ranging from 94 percent for sounds-in sentences to 95 percent for sound-in-words. Different clinicians rating the same speech samples provided higher interrater reliability, with a median agreement of 92 percent for the absence or presence of an error and 80 percent for classification of the type of the error.

VALIDITY: Not reported

GOLDMAN-FRISTOE-WOODCOCK AUDITORY SKILLS TEST BATTERY

PUBLISHER: American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minnesota 55014

AUTHOR: R. Goldman, M. Fristoe, R. W. Woodcock

PURPOSE: To assess auditory perception skills related to achievement of reading and spelling skills. The instrument is designed for use with students with learning disabilities and those with speech and hearing problems.

TIME: 10 to 15 minutes on each test.

AGE RANGE: 3 to 8 years and above.

ITEM DESCRIPTION: This individually administered diagnostic instrument includes 12 subtests in 4 areas: Auditory Selective Attention, Diagnostic Auditory Discrimination, Auditory Memory, and Sound-Symbol.

SCORING: Moderate

RELIABILITY: The median split-half reliability of the tests in the 3 to 8 year age group was .92.

VALIDITY: Reported to be good.

HISKEY-NEBRASKA TEST OF LEARNING APTITUDE (H-NTLA)

PUBLISHER: Hiskey Nebraska Test
5640 Baldwin
Lincoln, Nebraska 68507

AUTHOR:	M. S. Hiskey
PURPOSE:	To assess the learning potentials of deaf children and of hearing children who have speech and/or language handicaps that might depress their ratings on the more language-oriented instruments.
TIME:	50 to 60 minutes
AGE RANGE:	2.5 to 18.5 years
ITEM DESCRIPTION:	It is composed of 12 subtests to assess acquired learning skills. These include: bead patterns, memory for color, picture identification, picture associations, paper folding patterns, visual attention span, block patterns, completion of drawings, memory for digits, puzzle blocks, picture analogies, and spatial reasoning. Pantomime administration procedures are employed with the deaf and verbal instruction with hearing children.
SCORING:	Moderate
STANDARDIZATION:	The scale was normed on 1,079 deaf and 1,074 hearing children.
RELIABILITY:	Split-half reliabilities reported are for wide range populations – .95 for the deaf and .93 for the hearing (ages 3 to 10), .92 and .90 (ages 11 to 17).
VALIDITY:	For hearing children correlations with Stanford-Binet LM were .86 for ages 3 to 10 and .78 for ages 11 to 17. A correlation of .82 was obtained when H-NTLA ratings were compared with subjects' ratings on the WISC.

INVENTORY OF READINESS SKILLS

PUBLISHER:	Educational Programmers, Inc. P.O. Box 332 Roseburg, Oregon 97480
AUTHOR:	J. Shelquist, B. Breeze and B. Jacquot
PURPOSE:	To assess children's fundamental skills before formal instruction is begun. It indicates the child's strengths and weaknesses in order to plan the child's program.
TIME:	20 minutes
AGE RANGE:	Preschool, kindergarten and first-grade children

ITEM DESCRIPTION:	Subtests include: auditory sequential memory, word discrimination, body awareness, locational and directional concepts, color discrimination, letter names, visual-motor coordination, and visual-memory letter perception.
SCORING:	Easy
STANDARDIZATION:	448 children randomly chosen, ages 3 years 7 months to 9 years 9 months.
RELIABILITY:	For a total population of 50 children ages 5 years, 4 months to 6 years, 6 months. Test-retest reliability for Auditory Perception Skills is .93 and .96 for Visual and Motor Skills.
VALIDITY:	The tests report that if a child, who has not begun formalized education, scores below the profile norm in 2 or more skills, he will probably have difficulty in the first-grade program.

LAKELAND VILLAGE ADAPTIVE BEHAVIOR GRID (LVABG)

PUBLISHER:	Lakeland Village P.O. Box 200 Medical Lake, Washington 99022
AUTHOR:	G.O. Gilbert, Skill Cluster Description G. Gilbert and A.S. Kertes, Assessment Record
PURPOSE:	To aid in programming for the child, to determine progress of the child and to use as a supplementary indication of the mental retardation classification level for the child.
TIME:	Varied
AGE RANGE:	3 months to 16 years
ITEM DESCRIPTION:	This individually administered observation tool includes 10 skill clusters: eating, toileting, dressing, health and grooming, communication, mobility and dexterity, vocation and recreation, socialization, orientation and behavior control.
SCORING:	Easy
STANDARDIZATION:	Institutionalized mentally retarded children.
RELIABILITY:	No data available
VALIDITY:	No data available

LEARNING ACCOMPLISHMENT PROFILE DIAGNOSTIC ASSESSMENT KIT REVISED (LAP-D)

PUBLISHER:	Kaplan School Supply Corporation 600 Jonestown Road Winston-Salem, North Carolina 27103
AUTHOR:	A. Sanford
PURPOSE:	An individually administered achievement measure for use with children who exhibit developmental lags in the areas tested.
TIME:	1 hour
AGE RANGE:	Birth to 6 years of age
ITEM DESCRIPTION:	Five separate areas are measured including gross motor, fine motor, self-help, cognition and language development. These skill areas are broken down into appropriate subskill areas, including manipulation, writing, receptive and expressive language, prereading and math skills, body and object movement and five self-help areas.
SCORING:	Easy
STANDARDIZATION:	Summarized in the examiner's manual.
RELIABILITY:	Test-retest reliability procedures yielded the following product correlation coefficients: fine motor scale .96, language scale .91, gross motor scale .97, total test .98.
VALIDITY:	Complete report on technical aspects are reported in the *Technical Report for the LAP-D*.

LEITER INTERNATIONAL PERFORMANCE SCALE

PUBLISHER:	The Stoelting Company 1350 South Kostner Avenue Chicago, Illinois 60623
AUTHOR:	R. G. Leiter
PURPOSE:	To assess the cognitive abilities of deaf, hearing impaired, speech/language disordered, bilingual and non-English-speaking individuals.
TIME:	45 minutes
AGE RANGE:	2 years to adult

ITEM DESCRIPTION: The instrument consists of three levels with one form per level. Approximately 60 items to assess such processes as generalization, discrimination, analogies, sequencing and pattern completion are included in the following subtests: matching circles and squares, picture completion, number discrimination, form and color, genus, clothing, analogous progression, pattern completion, matching on the basis of use, reconstruction, circle series, circumference series, recognition of age difference, matching shades of gray, form discrimination, judging mass, series of radii, dot estimation, analogous designs, line completion, footprint recognition, concealed cubes, similarities, recognition of facial expressions, classifications of animals, memory of a series, code for a number series, reversal clocks, position analogy, spatial relations. This individually administered test can be given entirely without spoken directions and responded to without speech and with a minimal amount of motor actions.

SCORING: Moderate

STANDARDIZATION: Standardized on a wide range of ethnic and socioeconomic populations.

RELIABILITY: Split half reliabilities of .91 and .94 are reported from several studies.

VALIDITY: Correlates .80 with performance scale of WISC; from 99 to .83 with full scale WISC.

MANUAL OF DEVELOPMENTAL DIAGNOSIS: THE ADMINISTRATION AND INTERPRETATION OF THE REVISED GESELL AND AMATRUDA DEVELOPMENTAL AID NEUROLOGIC EXAMINATION

PUBLISHER: Harper & Row, Publishers, Inc.
Medical Department
2350 Virginia Avenue
Hagerstown, Maryland 21740

AUTHOR: H. Knobloch, F. Stevens and A.F. Malone

PURPOSE: To provide a series of developmental schedules which permit age placement of infants' and toddlers' behavior patterns to reflect current development and possible neurologic dysfunction. This measure based upon the work of Arnold Gessel, Benjamin Pasamanick and Catherine Amatruda is designed to be useful to developmental diagnosticians, general practitioners, pediatricians, neurologists, psychiatrists, nurses, physical, occupational and speech therapists, psychologists, social workers and teachers.

TIME:	Untimed
AGE RANGE:	4 weeks to 36 months
ITEM DESCRIPTION:	The assessment consists of a history and preliminary interview, a formal behavioral examination using the developmental schedules in the areas of adaptive behavior, gross motor skills, fine motor skills, language and personal-social behavior. The examination sequences are graduated, but flexible lists of observable behaviors at eight key age zones – 4, 16, 28, 40 and 52 weeks, 18, 24 and 36 months.
SCORING:	Moderate. Examiner notes absence or presence of behavior by indicating both reported behavior given in the parents' history and observed behavior during the assessment. Qualitative descriptions of the five developmental areas are required of the diagnostician to be used in assigning a maturity age level for each area and calculating a developmental quotient.
STANDARDIZATION:	The standardization sample used for revising the developmental schedules was drawn from 1,053 examinations of children were made at selected stages between 4 weeks and 36 months. Of these examinations, 927 were used in deriving the new schedules.
RELIABILITY:	Inter-observer reliability was evaluated. The percentage of agreement between observers for individual items was determined on a sample of 48 cases, covering the age range from 16 weeks to 21 months. The overall percentage of agreement for 305 individual behavior patterns and 2302 comparisons was 93.7%, varying from 88% in fine motor behavior to 97% in language.

MARSHALLTOWN BEHAVIORAL DEVELOPMENTAL PROFILE

PUBLISHER:	Marshalltown Project Preschool Division Area Education Agency 6 507 East Anson Street Marshalltown, Iowa 50158
AUTHOR:	Marshalltown Project M. Walden Project Director
PURPOSE:	To provide an organized approach to skill acquisition and to develop an instructional program for the parent to implement with the child at home.
TIME:	45 to 75 minutes

AGE RANGE:	Birth to 6 years
ITEM DESCRIPTION:	Consists of 3 subtests: communication, motor and social including such skills as receptive and expressive language, cognitive, fine and gross motor, personal-social, self-help and emotional skills. Each item is numerically matched to behavioral objectives and strategies.
SCORING:	Moderate
STANDARDIZATION:	Not reported
RELIABILITY:	Not reported
VALIDITY:	Not reported

MCCARTHY SCALES OF CHILDREN'S ABILITIES

PUBLISHER:	The Psychological Corporation 757 Third Avenue New York, NY 10017
AUTHOR:	D. McCarthy
PURPOSE:	To determine children's general intellectual level as well as their strengths and weaknesses in a number of abilities.
TIME:	45-60 minutes
AGE RANGE:	2.5 to 8.5 years of age
ITEM DESCRIPTION:	The instrument contains six scales: verbal, quantitative, perceptual performance, general cognitive index, memory and motor development.
SCORING:	Moderate. Standard scores are computed for each of 10 age groups from 30 months to 8.5 years. Yields scores for verbal ability, short-term memory, numerical ability, perceptual performance, motor coordination, lateral dominance, and overall intellectual competence.
STANDARDIZATION:	1,632 children were used in the sample. The sample was stratified on the basis of age, sex, color, geographic regions, father's occupation and urban versus rural residence.
RELIABILITY:	Average reliability coefficients for the six scales range from .79 to .93.
VALIDITY:	Correlates .81 with the Stanford-Binet and .62 to .71 with the WPPSI.

MINNESOTA PRESCHOOL SCALE (MPS)

PUBLISHER:	American Guidance Service, Inc. Publishers' Building Circle Pines, Minnesota 55014
AUTHOR:	F. Goodenough, K. Maurer and M.J. Van Wagenen
PURPOSE:	To provide an estimate of the verbal and nonverbal intelligence of the child being tested. Suitable for normal, gifted and retarded children.
TIME:	30 minutes or less
AGE RANGE:	1 year, 6 months to 6 years
ITEM DESCRIPTION:	This individually administered diagnostic instrument consists of 26 short subtests to assess verbal and nonverbal intelligence.
SCORING:	Easy to moderate
STANDARDIZATION:	Based on 100 children at each of the six-month interval points between 18 months and 6 years.
RELIABILITY:	Coefficients approximately .90 for all age levels within an age range of 6 months.
VALIDITY:	The Institute of Child Welfare, University of Minnesota, has conducted experimental research with the MPS.

PEABODY PICTURE VOCABULARY TEST – REVISED (PPVT-R)

PUBLISHER:	American Guidance Service, Inc. Publishers' Building Circle Pines, Minnesota 55014
AUTHOR:	L. M. Dunn
PURPOSE:	To measure a child's receptive language.
TIME:	15 minutes or less
AGE RANGE:	2.5 to 40 years
ITEM DESCRIPTION:	This individually administered norm-referenced instrument consists of one level with two forms. Children are required to respond to a series of pictorial plates. If an oral or pointing response is not possible, the child can respond by a head shake or other coded message.

SCORING:	Easy. Scoring is completely objective and can be done in 5 to 10 minutes.
STANDARDIZATION:	The PPVT-R is a 1981 revision of the 1959 and 1965 versions, with approximately two-thirds new items. The standardization sample consisting of 4200 students aged 2½ through 18 years, and 828 adults was selected on the basis of sex, race, geographic region, parental occupation and community size in similar proportions to the national data reports in the 1970 U.S. census.
RELIABILITY:	Split-half reliability coefficients of internal consistency ranged from .67 to .88 with a median .80 on form L and from .61 to .88 with a median of .81 on form M for the younger (ages 2½ to 18) population and from .80 to .85 with a median of .82 on form L for the adult population.
VALIDITY:	Not reported for the PPVT-R

THE PORTAGE GUIDE TO EARLY EDUCATION, REVISED EDITION

PUBLISHER:	Cooperative Educational Service Agency No. 12 Portage Project 412 East Slifer Street Portage, Wisconsin 53901
AUTHOR:	S. Bluma, M. Shearer, A. Frohman and J. Hilliard
PURPOSE:	To assess a child's present behavior in order to plan realistic goals leading to additional skill acquisition.
TIME:	20 to 40 minutes
AGE RANGE:	Mental age birth to 6 years
ITEM DESCRIPTION:	The instrument contains the following subtests: cognitive, self-help, motor, language and socialization and infant stimulation.
SCORING:	Easy. A checklist, which can be used later as a record of achievement, is provided to indicate initial performance.
STANDARDIZATION:	This guide is not standardized; but referenced to existing developmental scales.
RELIABILITY:	None reported
VALIDITY:	None reported

PSYCHOEDUCATIONAL EVALUATION OF THE PRESCHOOL CHILD

PUBLISHER:	Grune and Stratton, Inc. 111 Fifth Avenue New York, NY 10003
AUTHOR:	E. Jedrysek, Z. Klapper, L. Pope and J. Wortis
PURPOSE:	To determine the child's functioning level in each of the five areas designated by the instrument as a basis for individualized diagnosis and prescriptive teaching.
TIME:	Not timed; may be administered in one session or over a number of periods.
AGE RANGE:	Preschool
ITEM DESCRIPTION:	41 test items in the following skill areas: physical functioning and sensory perception, competence in learning for short-term retention, language competence, and cognitive functioning.
SCORING:	Easy. Age and grade norms are provided.
STANDARDIZATION:	None reported
RELIABILITY:	None reported
VALIDITY:	None reported

PUPIL RECORD OF EDUCATION BEHAVIOR (PREB)

PUBLISHER:	Teaching Resources Corporation 100 Boylston Street Boston, Massachusetts 02116
AUTHOR:	R. Cheves
PURPOSE:	To profile a student's performance over a wide range of developmental skills.
TIME:	30 minutes to 2 hours in one to three sessions
AGE RANGE:	Preschool through upper primary grades
ITEM DESCRIPTION:	Consists of the following subtests: coordination in gross and fine motor skills, visual motor integration, auditory and visual perception and higher cognitive functions related to association, generalization, problem solving, language development and mathematical concepts.

SCORING:	Easy
STANDARDIZATION:	Not reported
RELIABILITY:	None reported
VALIDITY:	None reported

SEQUENCED INVENTORY OF COMMUNICATION DEVELOPMENT (SCID) SECOND EDITION

PUBLISHER:	University of Washington Press Seattle, Washington 98105
AUTHOR:	D. L. Hedrick, E. M. Prather and A. R. Tobin
PURPOSE:	To assess a child's receptive and expressive language functions. This individually administered diagnostic instrument may be used with children with multiple handicaps, Down's Syndrome, and hearing impairment, visual impairment and language disorders.
TIME:	30 minutes per section
AGE RANGE:	4 to 48 months
ITEM DESCRIPTION:	There are two sections to assess expressive and receptive language areas. The expressive subtest includes imitation, initiating and responding such as length and grammatic and syntactic structures of verbal output, and articulation for older 4-year-olds. Receptive language includes behavioral items that test sounds, speech discrimination, awareness and understanding.
SCORING:	Easy
STANDARDIZATION:	Standardized on normal children (21 at each of 2 age levels) between 4 and 48 months for a total of 252 Caucasian children. Equal number drawn from high, middle and low social classes based on parental education and occupation.
RELIABILITY:	Test-retest scoring exceeded .90.
VALIDITY:	Based on communication model standardizations of 252 Caucasian children from high middle and low social classes.

TEST FOR AUDITORY COMPREHENSION OF LANGUAGE

PUBLISHER:	Teaching Resources 100 Boylston Street Boston, Massachusetts 02116
AUTHOR:	E. Carrow-Woolfolk
PURPOSE:	To distinguish between individuals who have disorders of language comprehension and those who do not. The test measures a child's receptive language in English or Spanish. Can be adapted for hearing impaired and other handicapped populations.
TIME:	10 to 20 minutes
AGE RANGE:	3 to 7 years
ITEM DESCRIPTION:	The test consists of 101 pictures to which the child responds to an oral stimulus by pointing to one of three line drawings. The areas tested are vocabulary, morphology and syntax.
SCORING:	Easy
STANDARDIZATION:	The norms were obtained on a selected sample of 200 middle class Black, Anglos and Mexican-American children, ages 3 to 6 years.
RELIABILITY:	Test-retest coefficient correlations of .94 (English version) and .93 (Spanish version). Predictive ability for dysphasics is .79 test-retest of children with articulation disorders is .92.
VALIDITY:	Correlation of .80 with IQs of mentally retarded children. Increase in age paralleled by increase in score. Data showed significant differences for each six-month group at .01 except for 6.25 and 7.25 year age groups which were significant at .05.

THOMAS SELF-CONCEPT VALUES TEST (EXPERIMENTAL FORM)

PUBLISHER:	Combined Motivation Educational Systems, Inc. 6300 River Road Rosemont, Illinois 60018
AUTHOR:	W. L. Thomas
PURPOSE:	To assess the self-concept of young children using the self-report format.

TIME:	10 to 20 minutes
AGE RANGE:	Preschool to 5th grade
ITEM DESCRIPTION:	Consists of 19 scores: value scores (happiness, size, sociability, ability sharing, male acceptance, fear of things, fear of people, strength, cleanliness, health, attractiveness, material independence) and self-concept scores (self as subject, mother, father, teacher, peer total).
SCORING:	Easy
STANDARDIZATION:	Head Start and regular class children, ages 3 to 9.
RELIABILITY:	Test-retest estimate is .78 for the total score.
VALILDITY:	Limited.

VALETT DEVELOPMENTAL SURVEY OF BASIC LEARNING ABILITIES

PUBLISHER:	Consulting Psychologists Press, Inc. 577 College Avenue Palo Alto, California 94306
AUTHOR:	R. Valett
PURPOSE:	To provide a growth record for the child as a guide in curriculum planning. This individually administered diagnostic measure was designed for children with learning disabilities.
TIME:	Varies depending on child's age
AGE RANGE:	2 to 7 years
ITEM DESCRIPTION:	The measure consists of the following subtests: motor integration, physical development, tactile discrimination, auditory discrimination, visual discrimination, language development, verbal fluency and conceptual development.
SCORING:	Moderate
STANDARDIZATION:	Items taken from other assessment devices.
RELIABILITY:	None reported
VALIDITY:	None reported

THE WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE (WPPSI)

PUBLISHER:	Psychological Corporation New York, New York

AUTHOR:	D. Wechsler
PURPOSE:	To provide a general measure of a child's intellectual ability.
TIME:	Total time for administration not reported; however, the test manual provides specific timelines to administer certain subtests.
AGE RANGE:	4 to 6.5 years
ITEM DESCRIPTION:	This individually administered measure is comprised of the verbal scale including subtests for information, comprehension, similarities, arithmetic, vocabulary, digit span and sentences and the performance scale including subtests for picture completion, picture arrangement, block design, object assembly, animal house (instead of coding subtest on WISC) mazes and geometric designs.
SCORING:	Moderate to difficult. Raw scores are transformed to scaled scores with a mean of 10 and standard deviation of 3. The scaled scores for verbal subtests, performance subtests and all subtests combined are added and then transformed to obtain verbal, performance and full-scale IQs. On the WPPSI, raw scores may be converted to test ages, which represent the average performance on each of the subtests by individuals of specific ages.
STANDARDIZATION:	The WPPSI was standardized on 1200 children stratified according to 1960 census on the basis of age, sex, geographic region, urban-rural residence, race and father's occupation.
RELIABILITY:	Split-half reliability coefficients of internal consistency reported from .93 to .95 for the verbal IQ scale, from .91 to .95 for the performance IQ and .96 to .97 for the full-scale IQ.
VALIDITY:	A study of concurrent validity was made involving fifty 6-year-old children, who were administered both the Wechsler Intelligence Scale for Children – Revised (WISC-R) and the WPPSI. A correlation of .82 was reported for the full-scale IQ scores of the WISC-R and WPPSI.

WINTER HAVEN PERCEPTUAL FORMS TEST

PUBLISHER:	Winter Haven Lions Research Foundation, Inc. P.O. Box 111 Winter Haven, Florida 33880
AUTHOR:	C. W. McQuarrie – Teacher's guide, F. E. Steiphin and G. I. Curry – handbooks.

PURPOSE:	To measure visual-motor and visual-memory skills. Results will indicate possible sensory-motor problems in terms of actual reproduction, spatial orientation, organization and angulation.
TIME:	10 minutes
AGE RANGE:	4 to 9 years
ITEM DESCRIPTION:	This individual or group-administered diagnostic measure assesses visual-motor coordination by copying 7 or 8 geometric figures and completing incomplete forms of the same figures.
SCORING:	Easy
STANDARDIZATION:	Not reported
RELIABILITY:	Reported as .58 to .99.
VALIDITY:	Copying performance and school achievement is reported as .29 to .54.

Y.E.M.R. PERFORMANCE PROFILE FOR THE YOUNG MODERATELY AND MILDLY RETARDED

PUBLISHER:	Educational Performance Associates, Inc. 563 Westview Avenue Ridgefield, New Jersey 07657
AUTHOR:	A. J. DiNola, B. P. Kaminsky, A. E. Sternfeld
PURPOSE:	To assess the performance of young moderately and mildly retarded people in a number of areas.
TIME:	Indefinite; uses ongoing observation.
AGE RANGE:	Prekindergarten or early grades.
ITEM DESCRIPTION:	Using observation and consultation, the pupil is assessed in the areas of: social behavior, self-help, safety, communication, motor skills, manipulative skills, perceptual and intellectual development, academics, imagination and creative expression and emotional behavior.
SCORING.	Easy
STANDARDIZATION:	Not reported
RELIABILITY:	None reported
VALIDITY:	None reported

Appendix F

Bibliography of Available Early Childhood Special Education Curricula Resources

GENERAL CURRICULA

Allen, K.E. & Rowbury, T.G. *Teaching Strategies for Early Childhood Environments*. Lawrence, KS: University of Kansas, Early Childhood Institute.

Bluma, S.M., Shearer, M.S., Frohman, A.H.E. & Hilliard, J.M. *Portage Guide to Early Education*. Portage, WI: The Portage Project, 1976.

Bolen, Jacqueline & others. *Non-Categorical Preschool Program Model*. Los Angeles, CA: University of Southern California, 1973.

Bos, C. *Curricular Programming for Young Handicapped Children*. Tuscon, AZ: University of Arizona, Project First Chance, 1980.

Brigance, Albert H. *Brigance Prescriptive Readiness: Strategies and Practice*. North Billerica, MA: Curriculum Associates, Inc.

Clark, T.D.,ed. *Project SKI*HI*. Ogden, UT: Project SKI*HI, 1975.

Cole, K.J. & Stevenson, A.H. *Project PAR Sequential Curriculum for Early Learning*. Sagninaw, MI: Sagninaw County Child Development Centers, Inc., 1976.

Connor, F.P. & Talbot, M.E. *An Experimental Curriculum for Young Mentally Retarded Children*. New York, NY: Teachers College Press, 1970.

Connor, F.P. & Williamson, G.G. *Program Guide for Infants and Toddlers with Neurological and Other Developmental Disabilities*. New York, NY: Teachers College Press, Columbia University.

Coughran, G.M. *Learning Staircase*. Allen, TX: DLM Teaching Resources.

Curriculum Syllabus (0-3). Project Rhise/Outreach. Rockford, IL: Children's Development Center.

Dallas County Mental Health/Mental Retardation Center. *The RADEA Program*. Dallas, TX: Melton Book Company, 1976.

District of Columbia Schools. *Special Education for the 21st Century, A Competency-Based Approach, Foundations: Early Childhood Development*. Public Schools, Washington, DC: District of Columbia Public Schools, Communications Branch.

DuBose, R. & Kelley, J. *Curricula and Instruction for Young Handicapped Children: A Guideline for Selection and Evaluation*. Monmouth, OR: WESTAR Series Paper #9.

Fredericks, H.D. & others. *The Teaching Research Curriculum for Moderately and Severely Handicapped*. Springfield, IL: Charles C. Thomas, 1976.

Gerwick, S.E., Ed. *Compet II: Commonwealth Plan to Educate and Train Mentally Retarded Students*. Harrisburg, PA: Pennsylvania Dept. of Education and Public Welfare, 1978.

Growing Up: A Developmental Curriculum. Austin, TX: Parent Consultants.

Hatoff, S. & others. *Teacher's Practical Guide for Educating Young Children: A Growing Program*. Rockleigh, NJ: Allyn & Bacon, Longwood Division.

Hodgen, L., Koetter, J., Laforse, B., McCord, S. & Schramm, D. *School Before Six: A Diagnostic Approach*. Ithaca, NY: Cornell University, 1970.

Jackson, J. & May, M. *What's Where? A Catalog of Products Developed by HCEEP Projects*. Monmouth, OR: WESTAR, 1980.

Johnson, W.M. & Werner, R.A. *A Step-By-Step Learning Guide for Retarded Infants and Children*. Syracuse, NY: Syracuse University Press, 1975.

Koontz, C.W. *Koontz Child Development Program: Training Activities for the First 48 Months*. Los Angeles, CA: Western Psychological Services, 1978.

Leslie, L. & others. *Resource Manual: Handicapped Children Birth to Five*. Baltimore, MD: Maryland State Dept. of Education, Division of Special Education.

Mori, A. A. *Families of Children with Special Needs Early Intervention Techniques for the Practioner*. Gaithersburg, MD: Aspen Systems Corporation.

Popovich, D. *A Prescriptive Behavioral Checklist for the Severely and Profoundly Retarded*. Baltimore, MD: University Park Press, 1977.

Project KIDS Curriculum Package. Dallas, TX: Project KIDS.

Quick, A.D. & Campbell, A.A. *Project Memphis*. Dubuque, IA: Kendall/Hunt Publishing Company, 1976.

Sanford, A.P. *Learning Accomplishment Profile (LAP)*. Winston-Salem, NC: Kaplan Press, 1974.

Schafer, D.S. & Moersch, M.S. *Developmental Programming for Infants and Young Children*. Ann Arbor, MI: University of Michigan Press, 1977.

South Dakota Preschool Curriculum. Pierre, SD: State Education Department, Section for Special Education.

Tawney, J.W., Knapp, D.S., O'Reilly, C.D. & Pratt, S.S. *Programmed Environments Curriculum*. Columbus, OH: Charles E. Merrill Publishing Company, 1979.

Tilton, J.T., Liske, L.M. & Bousland, J.R. *Wabash Guide to Early Developmental Training*. Newton, MA: Allyn and Bacon, 1977.

Weikart, D.P. *The Cognitively Oriented Curriculum*. Ypsilanti, MI: ERIC/NAEYC, High Scope Educational Research Foundation, 1971.

Willoughby-Herb, S.J., Neisunth, T., Laub, W., Hunt, F.E. & Llewellyn, E. *COMP Curriculum and Activity Manual*. University Park, PA: The Pennyslvania State University, 1980.

CURRICULAR MATERIALS FOR HANDICAPPED INFANTS

Davis, J.A. & Langley, M.B. *A Guide to Developing A Classroom Curriculum for Visually Impaired Multihandicapped Infants*. Nashville, TN: George Peabody College for Teachers, 1980.

Dunst, C.J. *Infant Learning*. Allen, TX: DLM Teaching Resources.

Elder, W.B. & Swift, J.N. *The EMI Curriculum Pool Materials*. Charlottesville, VA: University of Virginia Medical Center, 1977.

Furuno, Setsu, & others. *HELP Hawaii Early Learning Profile*. Palo Alto, CA: VORT Corporation.

Gordon, I.J. *Baby Learning Through Baby Play*. New York, NY: St. Martins Press, 1970.

Hanson, M. *Teaching Your Down's Syndrome Infant: A Guide for Parents*. Eugene, OR: University of Oregon, 1978.

Infant Stimulation Curriculum. Columbus, OH: Nisonger Center for Mental Retardation and Developmental Disabilities, Ohio State University, 1976.

Johnson, N.M., Jens, K.G. and Altermeir, V.M. *The Carolina Curriculum for Handicapped Infants*. Unpublished, 1979.

Karnes, M.B. *Small Wonder! Activities for Baby's First 18 Months*. Circle Pines, MN: American Guidance Service, 1979.

Sweet, N. *Disabled Infants: A Guide to Planning a Home-based Early Education Program*. San Francisco, CA: Family Developmental Center.

AUDITORY CURRICULA

Auditory Skills Instructional Planning System. No. Hollywood, CA: Foreworks Publications.

Northcott, W. *Curriculum Guide: Hearing Impaired Children Birth to Three Years and Their Parents*. St. Paul, MN: Minnesota State Department of Education, Dept. of Special Education, 1971.

LANGUAGE CURRICULA

Alpiner, G., Amon, C.F., Gibson, J. & Sheehy, R. *Talk to Me: A Home Study Program of Language Development for Hearing Impaired Children: Infancy to Preschool*, Denver, CO.

Boehm, A.E. *Boehm Resource Guide for Basic Concepts*. New York, NY: Psychological Corporation.

Bricker, P., Dennison, L. & Bricker, W. *A Language Intervention Program for Developmentally Delayed Young Children*. Miami, FL: University of Miami, 1976.

Engelmann S. & Osborn, J. *Distar Language I: An Instructional System*. Chicago, IL: Science Research Associates, 1976.

Karnes, M.B. *Learning Language at Home*. Reston, VA: Council for Exceptional Children, 1977.

Laney, M.D. *Talk! Talk! Talk! Language Curriculum for the Preschooler*. Johnstown, PA: Mafex Associates, 1978.

McColgin, L. & Alexander, N.C. *Small Talk: A Speech and Language Handbook for Paraprofessionals*. Karnak, IL: Little Egypt Early Childhood Program.

Pasamanick, J. *TALKABOUT – An Early Childhood Language Development Resource, Book 1*. Little Neck, NY: Center for Media Development, Inc. 1976.

Peabody Early Experience Kit (PEEK). Circle Pines, Minnesota: American Guidance Service.

Peabody Language Development Kit. Circle Pines, Minnesota: American Guidance Service.

A Prelanguage Curriculum Guide for the Multihandicapped. Colorado Springs, CO: The Colorado School for the Deaf and the Blind, 1978.

TOTAL: Teacher Organized Training for the Acquisition of Language. Tuscon, AZ: Communication Skill Builders.

Wake County Public School System. *The Carolina Developmental Curriculum, Book 2 Activities in Reasoning, Receptive Language and Expressive Language*. New York, NY: Walker Education Book Corporation, 1980.

PERCEPTUAL-MOTOR CURRICULA

Braley, T., Konicki, G. & Leedy, C. *Daily Sensorimotor Training Activites – A Handbook for Teachers and Parents of Preschool Children*. Freeport, NY: Educational Activities, Inc., 1968.

Fredericks, H.D. & Associates. *Teaching Research Curriculum for Moderately and Severely Handicapped: Gross and Fine Motor*. Springfield, IL: Charles C. Thomas Publisher.

The Gross Motor Program. Dallas, TX: Melton Peninsula, Inc.

Perceptual Motor Play Program. Dallas, TX: Melton Peninsula, Inc.

Smith, D.K. *Motor-Academic-Perceptual Curriculum Guide for the Early Childhood Education of the Multiply Handicapped*. Indiana, PA: Arin Intermediate Unit .28, 1973.

Wake County Public School System. *The Carolina Developmental Curriculum Book 1, Activities in Gross Motor, Fine Motor, Visual Perception*. New York, NY: Walker Educational Book Corporation, 1980.

RECREATION PROGRAM CURRICULUM

Littman, K. & Leslie, L. *Preschool Recreation Enrichment Program – Implementation and Resource Guide Manual*, Vol. II. Washington, DC: Hawkins and Associates, Inc. 1978.

CURRICULA FOR VISUALLY IMPAIRED CHILDREN

Brown, D., Simmons, V. & Methvin, J. *The Oregon Project for Visually Impaired and Blind Preschool Children*. Medford, OR: Jackson Education Service District.

Davis, J.A. & Langley, M.B. *A Guide to Developing a Classroom Curriculum for Visually Inpaired Multihandicapped Infants*. Nashville, TN: George Peabody College for Teachers, 1978.

State of Illinois. *Preschool Learning Activities for the Visually Impaired Child – A Guide for Parents*. Springfield, IL: Instructional Materials Center, Office of the Superintendent of Public Instruction.